

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul-08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02217**

1. Entity Name  
**NATIONAL HERITAGE LIFE INSURANCE COMPANY**



Principal Place of Business  
**950 S. WINTER PARK DRIVE  
SUITE 200R  
CASSELBERRY, FL 32707**

Mailing Address  
**950 S. WINTER PARK DRIVE  
SUITE 200R  
CASSELBERRY, FL 32707**

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**57-0724251**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be  
Added to Fees**

000000164518  
07/08/04-80012-003 550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DR  
PICCOLI, GEORGE J.  
841 SILVER LAKE BOULEVARD  
DOVER, DE**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**ADR  
CRAIG, TERRY  
841 SILVER LAKE BLVD  
DOVER, DE**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*AC* *Not To Be Signed* *6/30/04*