

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:23

DOCUMENT # P23803 (0)

1. Corporation Name

CONTINENTAL HERITAGE INSURANCE COMPANY

Principal Place of Business

111 BROADWAY CENTRE
STE 1250
SALT LAKE CITY UT 84111
US

Mailing Address

111 BROADWAY CENTRE
STE 1250
SALT LAKE CITY UT 84111
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

01/25/1994

4. FEI Number

87-0363183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PADEN, MARCUS W.
30 LAUREL OAK
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HAWKER, JEFFREY J.
111 BROADWAY CENTRE, #1250
SALT LAKE CITY UT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ELLIS, ROSWELL PAINE
2400 CORPORATE EXCHANGE DR.
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
WEILAND, KURT H
2400 CORPORATE EXCHANGE DR.
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
SOUTHWICK, GLENN D
2400 CORPORATE EXCHANGE DR.
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STOUT, CRAIG LANGJAHR
2400 CORPORATE EXCHANGE DR.
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MCNEELY, CURT K.
111 BROADWAY CENTRE, #1250
SALT LAKE CITY UT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Officer's Phone #

2/9/95 861-531-8100