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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 MAR 16 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23803** (0)
1. Corporation Name
CONTINENTAL HERITAGE INSURANCE COMPANY



Principal Place of Business
**4080 S. 500 WEST
SUITE 3
SALT LAKE CITY UT 84123
US**

Mailing Address
**4080 S. 500 WEST
SUITE 3
SALT LAKE CITY UT 84123
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1989

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		87-0363183		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		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 **Florida Insurance Commissioner**
82 Street Address (P.O. Box Number is Not Acceptable) **The Capital Bldg.**
83
84 City **Tallahassee** FL 85 Zip Code **33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKER, JEFFREY J.	1.2 NAME	
STREET ADDRESS	4080 S. 500 WEST, SUITE 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84123	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ROSWELL PAINE	2.2 NAME	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, ANNE L.	3.2 NAME	
STREET ADDRESS	2 SUMMIT PARK DR., STE 150	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44131	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHWICK, GLENN D	4.2 NAME	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, CRAIG LANGJAHR	5.2 NAME	
STREET ADDRESS	10055 SWEET VALLEY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY VIEW OH 44125	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, TRACY NEILSEN	6.2 NAME	
STREET ADDRESS	4080 S. 500 WEST, SUITE 3	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT 84123	6.4 CITY-ST-ZIP	

14. 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 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 attachment with an address.

SIGNATURE:

Glenn D. Southwick

01-14-98

(614) 895-2000

DEP. \$1509

CR2E034 (10/97)