

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P23803**

1. Entity Name

CONTINENTAL HERITAGE INSURANCE COMPANY**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90032 011 ***150.00

Principal Place of Business

Mailing Address

**2400 CORPORATE EXCHANGE DR
SUITE 290
COLUMBUS OH 43231
US****P.O. BOX 16398
COLUMBUS OH 43216-6398
US****910740**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2400 Corporate Exchange Dr.**P.O. Box 16398**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 290

City & State

City & State

Columbus, Ohio**Columbus, Ohio**

4. FEI Number

87-0363183

Applied For

Not Applicable

Zip
43231

Country

USA

Zip

43216-0398

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 33324**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARAZZA, JOHN A.	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR, STE 290	
CITY-ST-ZIP	COLUMBUS OH 43231	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, ROSWELL PAINE	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR.	
CITY-ST-ZIP	COLUMBUS OH	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	MEYERS, ANNE L.	
STREET ADDRESS	2 SUMMIT PARK DR., STE 150	
CITY-ST-ZIP	CLEVELAND OH 44131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	SOUTHWICK, GLENN D	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR.	
CITY-ST-ZIP	COLUMBUS OH	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	STOUT, CRAIG LANGJAHR	
STREET ADDRESS	10055 SWEET VALLEY DR.	
CITY-ST-ZIP	VALLEY VIEW OH 44125	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WEILAND, KURT HUGO	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR, STE 290	
CITY-ST-ZIP	COLUMBUS OH 43231	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**Glenn D. Southwick** Treasurer

Jan. 14, 2000 614-895-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #