

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P23803**

1. Entity Name

**CONTINENTAL HERITAGE INSURANCE COMPANY**

Principal Place of Business

**2400 CORPORATE EXCHANGE DR  
SUITE 290  
COLUMBUS OH 43231  
US**

Mailing Address

**P.O. BOX 16398  
COLUMBUS OH 43216-0398  
US**

2. Principal Place of Business

3. Mailing Address

**PO Box 163340**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Columbus, OH**

Zip

Country

**43216-3340**

Country

**Franklin**

4. FEI Number

**87-0363183**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

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

D	ELLIS, ROSWELL PAINE	2400 CORPORATE EXCHANGE DR.	COLUMBUS OH	<input type="checkbox"/>
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S	MEYERS, ANNE L.	2 SUMMIT PARK DR., STE 150	CLEVELAND OH 44131	<input checked="" type="checkbox"/>
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TD	SOUTHWICK, GLENN D	2400 CORPORATE EXCHANGE DR.	COLUMBUS OH	<input type="checkbox"/>
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VPD	STOUT, CRAIG LANGJAHN	10055 SWEET VALLEY DR.	VALLEY VIEW OH 44125	<input checked="" type="checkbox"/>
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D	WEILAND, KURT HUGO	2400 CORPORATE EXCHANGE DR, STE 290	COLUMBUS OH 43231	<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Executive Vice President	Christopher J. Timm	2400 Corporate Exchange Drive, Suite 290	Columbus, OH 43231	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Vice President	Gary M. Williams	823 W. 4th St., Davenport, IA	52808-4376	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Vice President	Bradley M. Williams	823 W. 4th Street, Davenport, IA	52808-437	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90066 031 \*\*\*150.00

**739020**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)