## **FILED** Apr 28, 2004 8:00 am Secretary of State

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P23803  1. Entity Name CONTINENTAL HERITAGE INSURANCE COMPANY							l	04-28-2004			
Principal Place 2400 CORPO SUITE 290 COLUMBUS, (	RATE EXCH		Mailing Address P.O. BOX 163340 COLUMBUS, OH 43216-3340 US				 				
2. Principal Pl 2800 Com	ace of Busin Orate E	ess xchange Drive	3. Mailing Address Same							1)))	
Suite, Apt.	)	····	Suite, Apt. #, etc.				01052004	Chg-P	CR2E	034 (10/03)	
City & State Columbus			City & State			l	4. FEI Numbe 87-036			<u> </u>	oplied For ot Applicable
43231	Country USA		Zip Cour		itry	5. Certificate of Status Des			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent Nam				7. Name and	Address of New R	legistered	Agent	
CHIEF FIN P O BOX 6 200 E. GAI TALLAHAS	200 (3231 NES ST					idress (P.O. Box Number is Not Acceptable)					e
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees  Trust Fund Contribution.											
10.	60	OFFICERS AND	<del></del>	11.	$\overline{}$		ADDITIONS/	CHANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 COF	A, JOHN A RPORATE EXCHANGE US, OH 43231	DR, STE 290		}	465 Wes	Clevela terville	and Avenue e, Ohio 43	082	X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Delete  ELLIS, ROSWELL PAINE 2400 CORPORATE EXCHANGE DR. COLUMBUS, OH				E ME EET ADDRESS 7-ST-ZIP	280 Col	00 Corpoi	ate Excha Dhio 43231	nge D	trive, S	Addition Ste. 130
TITLE NAME STREET ADDRESS CHY-ST-ZIP	2400 COF	HRISTOPHER J RPORATE EXCHANGE US, OH 43231		· · ·			and Avenue e, Ohio 43		∑ <b>3</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM: 823 W 4T DAVENPO		1					☐ Change	☐ Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	2400 COF	STEVEN R RPORATE EXCHANGE US, OH 43231	Delete	1	ι			and Avenue e, Ohio 43		[★ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition
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.  John A. Marazza  4-27-04  614-895-2000											