

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23803

FILED
May 01, 2007
Secretary of State

Entity Name: CONTINENTAL HERITAGE INSURANCE COMPANY

Current Principal Place of Business:

2800 CORPORATE EXCHANGE DR
SUITE 130
COLUMBUS, OH 43231 US

New Principal Place of Business:

Current Mailing Address:

2800 CORPORATE EXCHANGE DRIVE
SUITE 130
COLUMBUS, OH 43231 US

New Mailing Address:

FEI Number: 87-0363183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HAMM, CHARLES D JR.
Address: 2800 CORPORATE EXCHANGE DRIVE, SUITE 130
City-St-Zip: COLUMBUS, OH 43231

Title: DC () Delete
Name: ELLIS, ROSWELL PAINE
Address: 2800 CORPORATE EXCHANGE DRIVE, STE. 130
City-St-Zip: COLUMBUS, OH 43231

Title: VP () Delete
Name: PARISH, CYRIL E JR.
Address: 1452 W CR 48
City-St-Zip: BUSHNELL, FL 33513

Title: VP () Delete
Name: WILLIAMS, BRADLEY M
Address: 823 W 4TH STREET
City-St-Zip: DAVENPORT, IA 528084376

Title: VP () Delete
Name: WILLIAMS, GARY M
Address: 823 W 4TH STREET
City-St-Zip: DAVENPORT, IA 528084376

Title: D () Delete
Name: STOUT, CRAIG L
Address: 10055 SWEET VALLEY DRIVE
City-St-Zip: VALLEY VIEW, OH 44125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES HAMM

DPST

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date