

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90381 008 ***150.00

0647373 AT

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 163340
COLUMBUS OH 43216-0398
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

43216-3340

4. FEI Number **87-0363183**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **MARAZZA, JOHN A**
STREET ADDRESS **2400 CORPORATE EXCHANGE DR, STE 290**
CITY-ST-ZIP **COLUMBUS OH 43231**

TITLE **Secretary & Director** ☒ Change ☐ Addition
NAME **John A. Marazza**
STREET ADDRESS **Same**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ELLIS, ROSWELL PAINE**
STREET ADDRESS **2400 CORPORATE EXCHANGE DR.**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **Chairman, President & Director** ☒ Change ☐ Addition
NAME **Roswell Paine Ellis**
STREET ADDRESS **Same**
CITY-ST-ZIP

TITLE **EVP** ☐ Delete
NAME **TIMMI, CHRISTOPHER J**
STREET ADDRESS **2400 CORPORATE EXCHANGE DRIVE, SUITE 290**
CITY-ST-ZIP **COLUMBUS OH 43231**

TITLE **Executive Vice President & Director** ☒ Change ☐ Addition
NAME **Christopher J. Timm**
STREET ADDRESS **Same**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **SOUTHWICK, GLENN D**
STREET ADDRESS **2400 CORPORATE EXCHANGE DR.**
CITY-ST-ZIP **COLUMBUS OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WILLIAMS, BRADLEY M**
STREET ADDRESS **823 W 4TH STREET**
CITY-ST-ZIP **DAVENPORT IA 52808-4376**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer & Director** ☐ Change ☒ Addition
NAME **Steven R. Young**
STREET ADDRESS **2400 Corporate Exchange Drive, Suite 290**
CITY-ST-ZIP **Columbus, OH 43231**

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

CR2E034 (10/02)