

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 195921

**Entity Name:** AMERICAN HERITAGE LIFE INSURANCE COMPANY**Current Principal Place of Business:**1776 AMERICAN HERITAGE LIFE DR.  
JACKSONVILLE, FL 32224-6688**Current Mailing Address:**3100 SANDERS ROAD  
201  
NORTHBROOK, IL 60062 US**FEI Number:** 59-0781901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 (32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399-0000 US*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

**Officer/Director Detail :**

Title	CFO
Name	RANGLES, SCOTT K
Address	1776 AMERICAN HERITAGE LIFE DR.
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREASURER
Name	BAND, ALEXANDRA T
Address	3100 SANDERS ROAD 201
City-State-Zip:	NORTHBROOK IL 60062

Title	DIRECTOR
Name	IMBARRATO, MARIO
Address	3100 SANDERS ROAD 201
City-State-Zip:	NORTHBROOK IL 60062

Title	EXECUTIVE VICE PRESIDENT
Name	GILMORE, JOHN C.
Address	1776 AMERICAN HERITAGE LIFE DR.
City-State-Zip:	JACKSONVILLE FL 32224-6688

Title	AUTHORIZED REPRESENTATIVE
Name	SAUCEDO, MIGUEL
Address	3100 SANDERS ROAD 201
City-State-Zip:	NORTHBROOK IL 60062

Title	PRESIDENT
Name	ESSARY, DAVID A
Address	1776 AMERICAN HERITAGE LIFE DR.
City-State-Zip:	JACKSONVILLE FL 32224-6688

Title	PRESIDENT, INVESTMENTS AND FINANCIAL PRODUCTS
Name	DUGENSKY, JESSE EDWARD
Address	3100 SANDERS ROAD 201
City-State-Zip:	NORTHBROOK IL 60062

Title	SECRETARY
Name	SAVOY, APRIL F
Address	1776 AMERICAN HERITAGE LIFE DRIVE
City-State-Zip:	JACKSONVILLE FL 32224

**Continues on page 2**

I hereby 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 all other like empowered.

**SIGNATURE:** MIGUEL SAUCEDO**AUTHORIZED  
REPRESENTATIVE****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           CONTROLLER  
Name           PINTOZZI, JOHN CHARLES  
Address       3100 SANDERS ROAD  
                201  
City-State-Zip:   NORTHBROOK IL 60062

Title           DIRECTOR  
Name           MONTANARI, PAUL M  
Address       3100 SANDERS ROAD  
                201  
City-State-Zip:   NORTHBROOK IL 60062

Title           DIRECTOR  
Name           SARGENT, JEFREY SCOTT  
Address       3100 SANDERS ROAD  
                201  
City-State-Zip:   NORTHBROOK IL 60062

Title           DIRECTOR  
Name           FERREN, KYLE E  
Address       3100 SANDERS ROAD  
                201  
City-State-Zip:   NORTHBROOK IL 60062