

**2015 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:**3075 SANDERS ROAD  
H1E  
NORTHBROOK, IL 60062 US**FEI Number:** 59-0781901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DONNA MOCH

04/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           GUIDOS, GREGORY J  
Address        1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name           MAHIN, ELIZABETH A  
Address        1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224

Title            CFO  
Name           MERTEN, JESSE E  
Address        3100 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title            CHIEF INVESTMENT OFFICER  
Name           GREFFIN, JUDITH P  
Address        3100 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title            SECRETARY  
Name           STERE, GARY S  
Address        1776 AMERICAN HERITAGE LIFE DR,  
SUITE A08  
City-State-Zip: JACKSONVILLE FL 32224

Title            AUTHORIZED REPRESENTATIVE  
Name           THOMAS, RAYMOND  
Address        3075 SANDERS ROAD  
H1E  
City-State-Zip: NORTHBROOK IL 60062

Title            ACTUARY  
Name           SCHAEFER, RICHARD D  
Address        1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224-6688

Title            SENIOR GROUP VICE PRESIDENT  
Name           PILCH, SAMUEL H  
Address        3075 SANDERS ROAD  
H1E  
City-State-Zip: NORTHBROOK IL 60062

**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:** RAYMOND THOMAS**AUTHORIZED  
REPRESENTATIVE**

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT  
Name HAUSCHILDT, KEITH A  
Address 1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224-6688

Title EXECUTIVE VICE PRESIDENT  
Name JONES, WALTER M  
Address 1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224-6688

Title DIRECTOR  
Name MABE, KATHERINE A  
Address 1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224-6688

Title TREASURER  
Name RIZZO, MARIO  
Address 3100 SANDERS ROAD  
City-State-Zip: NORTHBROOK IL 60062

Title DIRECTOR  
Name BYRNE, ALICE M  
Address 1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224-6688

Title DIRECTOR  
Name NADIG, DAVID G  
Address 1776 AMERICAN HERITAGE LIFE DR.  
City-State-Zip: JACKSONVILLE FL 32224-6688