

**2014 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:**1776 AMERICAN HERITAGE LIFE DR.  
JACKSONVILLE, FL 32224-6688 US**FEI Number:** 59-0781901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
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	PR
Name	GUIDOS, GREGORY J
Address	1776 AMERICAN HERITAGE LIFE DR.
City-State-Zip:	JACKSONVILLE FL 32224

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

Title	DR
Name	CIVGIN, DOGAN
Address	3100 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	TR
Name	RIZZO, MARIO
Address	3075 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

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

Title	AUTHORIZED REPRESENTATIVE
Name	CIRRINCIONE, LYNN
Address	3075 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

*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:** LYNN CIRRINCIONE**AUTHORIZED  
REPRESENTATIVE****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date