2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2024
Secretary of State
8335907592CC

DOCUMENT# F94000001946

Entity Name: HERITAGE LIFE INSURANCE COMPANY

Current Principal Place of Business:

227 WEST MONROE STREET
SUITE 3775
CHICAGO, IL 60606

Current Mailing Address:

227 WEST MONROE STREET
SUITE 3775
CHICAGO, IL 60606 US

FEI Number: 86-0165716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
BOX 6200 32314-6200
TALLAHASSEE, FL 32399 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	PRESIDENT	Title	CFO, TREASURER
Name	DEFEO, ROBERT M.	Name	TURNER, DANIEL J.
Address	227 WEST MONROE STREET SUITE 3775	Address	227 WEST MONROE STREET SUITE 3775
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	DIRECTOR	Title	DIRECTOR
Name	DEFEO, ROBERT M.	Name	TURNER, DANIEL J.
Address	227 WEST MONROE STREET SUITE 3775	Address	227 WEST MONROE STREET SUITE 3775
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	DIRECTOR	Title	DIRECTOR
Name	CULLEN, DENNIS A.	Name	GOLDICH, GEOFFREY S.
Address	227 WEST MONROE STREET SUITE 3775	Address	227 WEST MONROE STREET SUITE 3775
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	DIRECTOR	Title	SECRETARY
Name	WHITE, JOE H. JR.	Name	KALLAS, JAY A.
Address	227 WEST MONROE STREET SUITE 3775	Address	227 WEST MONROE STREET SUITE 3775
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606

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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: ROBERT M. DEFEO PRESIDENT 04/25/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASSISTANT TREASURER
Name	LASWELL, LYNN E.
Address	227 WEST MONROE STREET SUITE 3775
City-State-Zip:	CHICAGO IL 60606