

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846539

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** HERITAGE UNION LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

C/O KUTAK ROCK, PC  
8601 N. SCOTTSDALE ROAD, SUITE 300  
SCOTTSDALE, AZ 85253 US

**New Principal Place of Business:**

**Current Mailing Address:**

1805 MONUMENT AVENUE  
SUITE 201  
RICHMOND, VA 23220 US

**New Mailing Address:**

115 SOUTH 15TH STREET, SUITE 500  
RICHMOND, VA 23219 US

**FEI Number:** 41-0880965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: WALKER, PHILIP G CEO  
Address: 115 SOUTH 15TH STREET, SUITE 500  
City-St-Zip: RICHMOND, VA 23219

Title: MR  
Name: MOLNAR, GABOR TREAS  
Address: 115 SOUTH 15TH STREET, SUITE 500  
City-St-Zip: RICHMOND, VA 23219 US

Title: MRS  
Name: ROPER, JULIA PRES  
Address: 115 SOUTH 15TH STREET, SUITE 500  
City-St-Zip: RICHMOND, VA 23219 US

Title: MRS  
Name: WHEELER, ALICE K SEC  
Address: 115 SOUTH 15TH STREET, SUITE 500  
City-St-Zip: RICHMOND, VA 23220 US

Title: MR.  
Name: LORTSCHER, FRANK D  
Address: 115 SOUTH 15TH STREET, SUITE 500  
City-St-Zip: RICHMOND, VA 23219 US

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: GABOR MOLNAR

MR.

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date