

1.) CORPORATION NAME:

HERITAGE LIFE INSURANCE COMPANY

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0286296**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 Pennsylvania Parkway
Suite 300

CITY/ST/ZIP: Indianapolis, IN 46280

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Dennis A. Cullen	
TITLE:	DIRECTOR	
ADDRESS:	811 Turnberry Ln	
CITY/ST/ZIP/CO:	Northbrook, IL 60062	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Brian T. Sir	
TITLE:	DIRECTOR	
ADDRESS:	227 West Monroe Street Suite 4800	
CITY/ST/ZIP/CO:	Chicago, IL 60606	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	David L. Korman	
TITLE:	DIRECTOR	
ADDRESS:	227 West Monroe Street Suite 4800	
CITY/ST/ZIP/CO:	Chicago, IL 60606	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Robert M. DeFeo	
TITLE:	DIRECTOR	
ADDRESS:	5201 Camp Bowie Blvd.	
CITY/ST/ZIP/CO:	Forth Worth, TX 76107	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Daniel J. Towriss	
TITLE:	DIRECTOR	
ADDRESS:	401 Pennsylvania Parkway Suite 300	
CITY/ST/ZIP/CO:	Indianapolis, IN 46280	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Jeffrey S. Lange	
TITLE:	PRESIDENT	
ADDRESS:	330 Madison Ave. 10th Floor	
CITY/ST/ZIP/CO:	New York, NY 10017	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James L. Foorman SECRETARY 227 West Monroe Street Suite 4800 Chicago, IL 60606	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James D. Purvis TREASURER 401 Pennsylvania Parkway Suite 300 Indianapolis, IN 46280	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Jeffrey S.Lange	Jeffrey S.Lange,	10/31/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			