

1.) CORPORATION NAME:

**FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA**

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

SCC ID NO: **F1275553**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	1,000
COMB	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6001 EAST ROYALTON ROAD  
SUITE 200

CITY/ST/ZIP: CLEVELAND, OH 44147-3529

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.

NAME:	HOWARD L LEWIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	32830 WINTERGREEN DRIVE		
CITY/ST/ZIP/CO:	OLON, OH 44139		

NAME:	JEFFREY S MORRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP ACTUARY		
ADDRESS:	15265 OVERTURE DRIVE		
CITY/ST/ZIP/CO:	NEWBURY, OH 44065		

NAME:	EDWARD J ROCHECK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SECRETARY		
ADDRESS:	7289 LAKEVIEW DR		
CITY/ST/ZIP/CO:	PARMA, OH 44129		

NAME:	RONALD L SAROSY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	6990 SHANER DR		
CITY/ST/ZIP/CO:	WALTON HILLS, OH 44146		

NAME:	R. Brian Mitchell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6805 Lebanon Rd. Apt. 333		
CITY/ST/ZIP/CO:	Frisco, TX 75034		

NAME:	Ben W Lutek	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2901 Cedar Ridge Dr.		
CITY/ST/ZIP/CO:	McKinney, TX 75070		

NAME: Kenneth J Matson TITLE: DIRECTOR ADDRESS: 1907 Brookwood Dr. CITY/ST/ZIP/CO: Akron, OH 44313	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Frank M Svoboda TITLE: DIRECTOR ADDRESS: 3340 Pecan Hollow Ct. CITY/ST/ZIP/CO: Grapevine, TX 76051	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ RONALD L SAROSY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD L SAROSY, VP/TREASURER PRINTED NAME AND CORPORATE TITLE	10/10/2013 DATE
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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.