

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 11696

B-3708 C

DOCUMENT # **804072** (7)
1. Corporation Name
KENTUCKY HOME MUTUAL LIFE INSURANCE COMPANY



Principal Place of Business: **450 SOUTH THIRD ST. LOUISVILLE KY 40202**
Mailing Address: **450 SOUTH THIRD ST. LOUISVILLE KY 40202**

3. Date Incorporated or Qualified: **11/21/1932**
3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **61-0245760**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: 28

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: 25. Country: 29. Zip: 30. Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type or printed name of signing officer or director

Date: (Month/Day/Year)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	BAXTER, JAMES W. III	
STREET ADDRESS	450 S. THIRD ST.	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, DENNIS L.	
STREET ADDRESS	450 SO. THIRD ST.	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	VCEO	<input type="checkbox"/> DELETE
NAME	LOWE, MICHAEL W	
STREET ADDRESS	450 SO. THIRD ST.	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	FORESMAN, VIRGINIA A.	
STREET ADDRESS	450 SO. THIRD ST.	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Clay Luby	
1.3 STREET ADDRESS	450 S. 3rd St.	
1.4 CITY - ST - ZIP	Louisville, KY 40202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	President, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Secretary - Asst. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Clay Luby* **J. Clay Luby**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 (502)585-6119
Date Time Phone #

CR2E034 (12/95)