

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 841510 (1)

1. Corporation Name

INVESTORS HERITAGE LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

200 CAPITAL AVE.
FRANKFORT KY 40601

200 CAPITAL AVE.
FRANKFORT KY 40601

3. Date Incorporated or Qualified
09/27/1978

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
61-0574893

Applied For
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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
CAPITAL 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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **S WILMA YEARY**
STREET ADDRESS **5415 U.S. 127 SOUTH**
CITY-STATE-ZIP **FRANKFORT KY**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE DELETE
NAME **T MCIVER, JIMMY R.**
STREET ADDRESS **FAWN DR.**
CITY-STATE-ZIP **FRANKFORT, KY 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE DELETE
NAME **TD JOHNSON, JOE R**
STREET ADDRESS **108 RESERVOIR DRIVE**
CITY-STATE-ZIP **FRANKFORT, KY 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE DELETE
NAME **PCD WATERFIELD, HARRY LEE II**
STREET ADDRESS **102 HAY AVENUE**
CITY-STATE-ZIP **FRANKFORT, KY 00000**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE DELETE
NAME **D HARDY, ROBERT M JR.**
STREET ADDRESS **207 STONEHEDGE DR.**
CITY-STATE-ZIP **FRANKFORT KY**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE DELETE
NAME **D HOWELL, JERRY FONCE**
STREET ADDRESS **RT 2 BOX 414**
CITY-STATE-ZIP **JACKSON, KY 00000**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Jimmy McIver, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy R McIver

February 13, 1996

Date Daytime Phone #

CR2E034 (12/95)