

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 40601-2848

3. Date Incorporated or Qualified **09/27/1978** 3a. Date of Last Report **02/20/1996**
 4. FEI Number **61-0574893** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	WILMA YEARY
STREET ADDRESS	5415 U.S. 127 SOUTH
CITY-ST-ZIP	FRANKFORT KY
TITLE	T <input type="checkbox"/> DELETE
NAME	MCIVER, JIMMY R.
STREET ADDRESS	FAWN DR.
CITY-ST-ZIP	FRANKFORT, KY 00000
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JOE R
STREET ADDRESS	108 RESERVOIR DRIVE
CITY-ST-ZIP	FRANKFORT, KY 00000
TITLE	PCD <input type="checkbox"/> DELETE
NAME	WATERFIELD, HARRY LEE II
STREET ADDRESS	102 HAY AVENUE
CITY-ST-ZIP	FRANKFORT, KY 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	HARDY, ROBERT M JR.
STREET ADDRESS	207 STONEHEDGE DR.
CITY-ST-ZIP	FRANKFORT KY
TITLE	D <input type="checkbox"/> DELETE
NAME	HOWELL, JERRY FONCE
STREET ADDRESS	RT 2 BOX 414
CITY-ST-ZIP	JACKSON, KY 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL F. DUDGEON, JR.
3.3 STREET ADDRESS	1219 DALY STREET
3.4 CITY-ST-ZIP	COLUMBIA SC 29205
4.1 TITLE	<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 R. MCIVER, TREASURER *Jimmy R. Mciver* **FEBRUARY 17, 1997 (502) 223-2364, 341**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)