

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90063 006 ***150.00

DOCUMENT # 841510

1. Entity Name
INVESTORS HERITAGE LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
200 CAPITAL AVE. **200 CAPITAL AVE.**
FRANKFORT KY 40601 **FRANKFORT KY 40601-2833**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **61-0574893** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITAL BLDG. TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WILMA YEARY	NAME	
STREET ADDRESS	5415 U.S. 127 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT KY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T MCIVER, JIMMY R.	NAME	
STREET ADDRESS	FAWN DR.	STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT, KY 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD DUDGEON, MICHAEL J	NAME	
STREET ADDRESS	1219 DALY STREET	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCD WATERFIELD, HARRY LEE II	NAME	
STREET ADDRESS	102 HAY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT, KY 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HARDY, ROBERT M JR.	NAME	
STREET ADDRESS	207 STONEHEDGE DR.	STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT KY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOWELL, JERRY FONCE	NAME	
STREET ADDRESS	RT 2 BOX 414	STREET ADDRESS	
CITY-ST-ZIP	JACKSON, KY 00000	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JIMMY R. MCIVER** *Jimmy R. McIver* FEBRUARY 15, 2000 502-223-2364, ext. 341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)