

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90074 005 ***150.00

DOCUMENT # 841510

1. Entity Name

INVESTORS HERITAGE LIFE INSURANCE COMPANY

Principal Place of Business

**200 CAPITAL AVE.
 FRANKFORT KY 40601**

Mailing Address

**200 CAPITAL AVE-- P.O. Box 717
 FRANKFORT KY 40601-40602**

104490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 717

Suite, Apt. #, etc.

City & State

Zip

Country

40602-717

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

**INSURANCE COMMISSIONER
 CAPITAL BLDG.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE **S** Delete
 NAME **WILMA YEARY**
 STREET ADDRESS **5415 U.S. 127 SOUTH** 41 Demerson Lane
 CITY-ST-ZIP **FRANKFORT KY 40601**

TITLE **T** Delete
 NAME ~~MCIVER, JIMMY B.~~ Bobby Russell
 STREET ADDRESS ~~FAWN DR.~~ 109 Lakeview Drive
 CITY-ST-ZIP ~~FRANKFORT, KY 00000~~ Lawrenceburg, KY 40342

TITLE **TD** Delete
 NAME **DUDGEON, MIAGHAEL-J F.** Michael Dudgeon
 STREET ADDRESS ~~1219 DALY STREET-~~ 1033 Kimbel Drive
 CITY-ST-ZIP ~~COLUMBIA SC~~ Frankfort, KY 40601

TITLE **PCD** Delete
 NAME **WATERFIELD, HARRY LEE II**
 STREET ADDRESS **102 HAY AVENUE**
 CITY-ST-ZIP ~~FRANKFORT, KY 00000~~ 40601

TITLE **D** Delete
 NAME **HARDY, ROBERT M JR.**
 STREET ADDRESS **207 STONEHEDGE DR.**
 CITY-ST-ZIP **FRANKFORT KY 40601**

TITLE **D** Delete
 NAME **HOWELL, JERRY FONCE**
 STREET ADDRESS ~~RT 2 BOX 414~~ 800 Lakeport Square
 CITY-ST-ZIP ~~JACKSON, KY 00000~~ Apt. L-402, Leesburg FL 34748

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS 41 Demerson Lane
 CITY-ST-ZIP Frankfort KY 40601

TITLE Change Addition
 NAME Bobby Russell
 STREET ADDRESS 109 Lakeview Drive
 CITY-ST-ZIP Lawrenceburg, KY 40342

TITLE Change Addition
 NAME Dudgeon, Michael F.
 STREET ADDRESS 1033 Kimbel Drive
 CITY-ST-ZIP Frankfort, KY 40601

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 40601

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 40601

TITLE Change Addition
 NAME
 STREET ADDRESS 800 Lakeport Square, Apt. L-402
 CITY-ST-ZIP Leesburg, FL 34748

13. I 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 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:

Bobby Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby Russell

1/03/2001

Date

(502) 209-1013

Daytime Phone #

CR2E034 (10/00)