

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

104490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 61-0574893	Applied For Not Applicable
Suite, Apt. #, etc.		P. O. Box 717 Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
		40602-717			

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	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 _____ 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILMA YEARY 5415 U.S. 127 SOUTH 41 Demerson Lane FRANKFORT KY 40601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 Demerson Lane Frankfort KY 40601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCIVER, JIMMY B. Bobby Russell FAWN DR. 109 Lakeview Drive FRANKFORT, KY 00000 Lawrenceburg, KY40342	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bobby Russell 109 Lakeview Drive Lawrenceburg, KY 40342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUDGEON, MIAGHAEL-J F. Michael Dudgeon 1219 DALY STREET- 1033 Kimbel Drive COLUMBIA SC Frankfort, KY 40601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dudgeon, Michael F. 1033 Kimbel Drive Frankfort, KY 40601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WATERFIELD, HARRY LEE II 102 HAY AVENUE FRANKFORT, KY 00000 40601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, ROBERT M JR. 207 STONEHEDGE DR. FRANKFORT KY 40601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, JERRY FONCE RT 2 BOX 414 800 Lakeport Square JACKSON, KY 00000 Apt. L-402, Leesburg FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Lakeport Square, Apt. L-402 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 Bobby Russell 1/03/2001 (502) 209-1013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)