


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # 841510				
1. Entity Name INVESTORS HERITAGE LIFE INSURANCE COMPANY				
Principal Place of Business 200 CAPITAL AVE. FRANKFORT, KY 40601		Mailing Address P O BOX 717 FRANKFORT, KY 40602		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	S	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	JACKSON, JANE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1010 TYBURN LANE		NAME	U000000346310
CITY-ST-ZIP	FRANKFORT, KY 40601		STREET ADDRESS	04/30/05-80070-020 150.00
CITY-ST-ZIP	FRANKFORT, KY 40601		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCIVER, JIMMY		NAME	
STREET ADDRESS	30 FAWN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT, KY 40601		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDGEON, MICHAEL		NAME	
STREET ADDRESS	30 WOODBURN		STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT, KY 40601		CITY-ST-ZIP	
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERFIELD, HARRY LEE II		NAME	
STREET ADDRESS	102 HAY AVENUE		STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT, KY 40601		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT M JR.		NAME	
STREET ADDRESS	207 STONEHEDGE DR.		STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT, KY 40601		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, HOWARD L		NAME	
STREET ADDRESS	463 NINEVAH RD		STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT, KY 40601		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.				
SIGNATURE: <u>Jimmy R. McIver</u> 4/25/05				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				
<small>Daytime Phone #</small>				