

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841510

FILED
Feb 25, 2011
Secretary of State

Entity Name: INVESTORS HERITAGE LIFE INSURANCE COMPANY

Current Principal Place of Business:

200 CAPITAL AVE.
FRANKFORT, KY 40601

New Principal Place of Business:

Current Mailing Address:

P O BOX 717
FRANKFORT, KY 40602

New Mailing Address:

FEI Number: 61-0574893 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

T. GALLAGHER FL DEPT FINANCIAL SRVS.
200 E GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: JACKSON, JANE
Address: 1010 TYBURN LANE
City-St-Zip: FRANKFORT, KY 40601

Title: T
Name: MCIVER, JIMMY
Address: 30 FAWN DRIVE
City-St-Zip: FRANKFORT, KY 40601

Title: VD
Name: DUDGEON, MICHAEL
Address: 525 LUCAS LANE
City-St-Zip: FRANKFORT, KY 40601

Title: PCD
Name: WATERFIELD, HARRY LEE II
Address: 102 HAY AVENUE
City-St-Zip: FRANKFORT, KY 40601

Title: VD
Name: HARDY, ROBERT M JR.
Address: 207 STONEHEDGE DR.
City-St-Zip: FRANKFORT, KY 40601

Title: D
Name: GRAHAM, HOWARD L
Address: 463 NINEVAH RD
City-St-Zip: FRANKFORT, KY 40601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIMMY R MCIVER

T

02/25/2011

Electronic Signature of Signing Officer or Director

_____ Date