

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90083 030 ***150.00

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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

4. FEI Number **61-0574893**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	S WILMA YEARY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	41 DEMERSON LANE FRANKFORT KY 40601	
TITLE NAME	T MCIVER, JIMMY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	30 FAWN DRIVE FRANKFORT KY 40601	
TITLE NAME	VPD DUDGEON, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1033 KIMBEL DRIVE FRANKFORT KY 40601	
TITLE NAME	PCD WATERFIELD, HARRY LEE II	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	102 HAY AVENUE FRANKFORT KY 40601	
TITLE NAME	D HARDY, ROBERT M JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	207 STONEHEDGE DR. FRANKFORT KY 40601	
TITLE NAME	D HOWELL, JERRY FONCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 LAKEPORT SQUARE APT L402 LEESBURG FL 34748	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Howard L. Graham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	463 Ninevah Road Frankfort, KY 40601	

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 like empowered.

SIGNATURE:

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

1/3/2003

Date

(502) 223-2361

Daytime Phone #

CR2E034 (10/02)