

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814819 (9)
1. Corporation Name
AMERICAN LIFE AND ACCIDENT INSURANCE COMPANY OF
KENTUCKY

Principal Place of Business
COMPANY OF KENTUCKY
3 RIVERFRONT PLAZA, 5TH FLOOR
LOUISVILLE KENTUCKY 40202

Mailing Address
COMPANY OF KENTUCKY
3 RIVERFRONT PLAZA, 5TH FLOOR
LOUISVILLE KENTUCKY 40202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1960

4. FEI Number
61-0118430

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

KNIGHT, NEAL W. J
321 ROYAL POINCIANA PLAZA, SOUTH
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
SAMPEY, J J
6104 BAYLOR CT
LOUISVILLE, KY 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAMPTON, N.
3915 TIRBRACKEN LANE
GOSHEN KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LAMPTON, D, JR
ROSE ISLAND ROAD
PROSPECT, KY 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEABODY, M J
6104 TRANSYLVANIA RD
HARRODS CREEK, KY 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOWER, F.B. JR
399A MOCKINGBIRD VALY RD
LOUISVILLE KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

1. J. Sampey, Secretary, Treasurer 2/4/98 (502) 585-5247

CR2E034 (10/97)