

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90068 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 814819**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

**29** **30**

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 **TSO** ☐ DELETE  
NAME **SAMPEY, J J**  
STREET ADDRESS **6104 BAYLOR CT**  
CITY-ST-ZIP **LOUISVILLE, KY 00000**

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **MASON HARDAWAY LAMPTON**  
1.3 STREET ADDRESS **914 Collier Apt 6203**  
1.4 CITY-ST-ZIP **Atlanta, Georgia 30318** ☐ Change ☐ Addition

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

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

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

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

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

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, with all other like empowered.

SIGNATURE:

**J. J. Sampey, Secretary-Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/99**  
Date

**(502) 585-5347**  
Daytime Phone #

CR2E034 (11/98)