
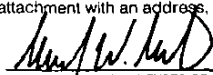


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 002 ***150.00

DOCUMENT # 814819 1. Entity Name AMERICAN LIFE AND ACCIDENT INSURANCE COMPANY OF KENTUCKY					
Principal Place of Business COMPANY OF KENTUCKY 3 RIVERFRONT PLAZA, 5TH FLOOR LOUISVILLE, KY 40202			Mailing Address COMPANY OF KENTUCKY 3 RIVERFRONT PLAZA, 5TH FLOOR LOUISVILLE, KY 40202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 61-0118430				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, NEAL W. J. 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMPEY, J J 6104 BAYLOR CT LOUISVILLE, KY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gerald W. Gerichs 2714 Avenue of the Woods Louisville, KY 40241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPTON, N. 3915 TIRBRACKEN LANE GOSHEN, KY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dinwiddie Lampton III 4018 Halls Hill Road Crestwood, KY 40014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPTON, D, JR ROSE ISLAND ROAD PROSPECT, KY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEABODY, M J 6104 TRANSYLVANIA RD HARRODS CREEK, KY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWER, F.B. JR 399A MOCKINGBIRD VALY RD LOUISVILLE, KY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPTON, MASON H 914 COLLIER APT 6203 ATLANTA, GA 30318	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Gerald W. Gerichs, Treasurer 2/23/06 (502) 585-5347 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					