

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841510

**Entity Name:** INVESTORS HERITAGE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

200 CAPITAL AVE.  
FRANKFORT, KY 40601

**Current Mailing Address:**

P O BOX 717  
FRANKFORT, KY 40602

**FEI Number:** 61-0574893

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATRONIS, JIMMY  
200 E GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:** JIMMY PATRONIS

01/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CORPORATE SECRETARY  
Name WATERFIELD, WHITNEY  
Address 200 CAPITAL AVE.  
PO BOX 717  
City-State-Zip: FRANKFORT KY 40602

Title CEO, GENERAL COUNSEL  
Name HARDY, ROBERT M. JR.  
Address 200 CAPITAL AVE.  
PO BOX 717  
City-State-Zip: FRANKFORT KY 40602

Title CFO, EXECUTIVE VP, TREASURER  
Name JOHNSON, LARRY  
Address 200 CAPITAL AVE.  
PO BOX 717  
City-State-Zip: FRANKFORT KY 40602

Title PRESIDENT  
Name FRYE, JOHN F  
Address 200 CAPITAL AVE.  
PO BOX 717  
City-State-Zip: FRANKFORT KY 40602

*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:** LARRY J. JOHNSON

CFO,EVP, TREASURER

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date