

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841510

FILED
Jan 23, 2018
Secretary of State
CC1849890285

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

01/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CORPORATE SECRETARY
Name JACKSON, JANE S
Address 1010 TYBURN LANE
City-State-Zip: FRANKFORT KY 40601

Title EXEC VP, COO
Name CARR, RAYMOND L
Address 100 N DANBROOK WAY
City-State-Zip: FRANKFORT KY 40601

Title PRESIDENT, CEO, DIRECTOR
Name WATERFIELD, HARRY LEE II
Address 207 WALMAC
City-State-Zip: FRANKFORT KY 40601

Title EXEC VP, GENERAL COUNSEL,
DIRECTOR
Name HARDY, ROBERT M. JR.
Address 207 STONEHEDGE DR.
City-State-Zip: FRANKFORT KY 40601

Title CFO, VP
Name JOHNSON, LARRY
Address 100 FRANCES DRIVE
City-State-Zip: FRANKFORT KY 40601

Title TREASURER
Name MITCHELL, SHANE S
Address 2608 WATER KNOLL CT.
City-State-Zip: LEXINGTON KY 40513

Title CONTROLLER
Name FULLER, ANDREW W
Address 436 VILLAGE DR.
City-State-Zip: FRANKFORT KY 40601

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: TINA L.BURTON

TAX ACCOUNT CLERK

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date