

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841510

FILED
Jan 07, 2014
Secretary of State
CC8607893398

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:

T. GALLAGHER FL DEPT FINANCIAL SRVS.
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
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 102 HAY AVENUE
City-State-Zip: FRANKFORT KY 40601

Title VP, GENERAL COUNCIL
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 3809 WYNDSONG TR.
City-State-Zip: LEXINGTON KY 40514

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: JANE S. JACKSON

EXECUTIVE SECRETARY 01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date