

**2019 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

01/30/2019

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

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:** LARRY J. JOHNSON

CFO, VP, TREASURER

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date