FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -5 PM 2:43

DOCUMENT # **804072** **(7)**

1. Corporation Name
KENTUCKY HOME MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
450 SOUTH THIRD ST. LOUISVILLE KY 40202	450 SOUTH THIRD ST LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1932**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. # etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **61-0245760** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	11 TITLE		☐ Change ☐ Addition
NAME	BAXTER, JAMES W. III	12 NAME		
STREET ADDRESS	450 S. THIRD ST.	13 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	14 CITY ST ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, DENNIS L.	22 NAME		
STREET ADDRESS	450 SO. THIRD ST.	23 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	24 CITY ST ZIP		
TITLE	PCOO	31 TITLE		☐ Change ☐ Addition
NAME	OUIMET, JAMES M.	32 NAME	DELETION	
STREET ADDRESS	450 SO. THIRD ST.	33 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	34 CITY ST ZIP		
TITLE	SGCD	41 TITLE	Vice Pres/COO & SGCD	☒ Change ☐ Addition
NAME	LOWE, MICHAEL W.	42 NAME		
STREET ADDRESS	450 SO. THIRD ST.	43 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	44 CITY ST ZIP		
TITLE	VPA	51 TITLE		☐ Change ☐ Addition
NAME	TILLIS, RANDY E.	52 NAME	DELETION	
STREET ADDRESS	450 SO. THIRD ST.	53 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	54 CITY ST ZIP		
TITLE	ASAT	61 TITLE		☐ Change ☐ Addition
NAME	FORESMAN, VIRGINIA A.	62 NAME		
STREET ADDRESS	450 SO. THIRD ST.	63 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis L. Richardson — Dennis L. Richardson — 5/25/95 — (502) 585-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478106 FP