

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90057 040 \*\*\*150.00

**DOCUMENT # 814819**

1. Entity Name

**AMERICAN LIFE AND ACCIDENT INSURANCE COMPANY OF**

Principal Place of Business

Mailing Address

**COMPANY OF KENTUCKY  
 3 RIVERFRONT PLAZA, 5TH FLOOR  
 LOUISVILLE KENTUCKY 40202**

**COMPANY OF KENTUCKY  
 3 RIVERFRONT PLAZA, 5TH FLOOR  
 LOUISVILLE KENTUCKY 40202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**61-0118430**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNIGHT, NEAL W. J  
 321 ROYAL POINCIANA PLAZA, SOUTH  
 PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **TSD**  
 STREET ADDRESS **SAMPEY, J J**  
 CITY-ST-ZIP **6104 BAYLOR CT**  
**LOUISVILLE, KY 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **LAMPTON, N.**  
 CITY-ST-ZIP **3915 TIRBRACKEN LANE**  
**GOSHEN KY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **LAMPTON, D, JR**  
 CITY-ST-ZIP **ROSE ISLAND ROAD**  
**PROSPECT, KY 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **PEABODY, M J**  
 CITY-ST-ZIP **6104 TRANSYLVANIA RD**  
**HARRODS CREEK, KY 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **HOWER, F.B. JR**  
 CITY-ST-ZIP **399A MOCKINGBIRD VALY RD**  
**LOUISVILLE KY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **LAMPTON, MASON H**  
 CITY-ST-ZIP **914 COLLIER APT 6203**  
**ATLANTA GA 30318**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**J. J. Sampey, Secretary-Treasurer 2/23/2000 (502)585-5347**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)