

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

CR2EN34 (9/99)