

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90014 009 ***150.00

DOCUMENT # 814819

1. Entity Name

**AMERICAN LIFE AND ACCIDENT INSURANCE COMPANY
OF KENTUCKY**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME SAMPEY, J J
STREET ADDRESS 6104 BAYLOR CT
CITY-ST-ZIP LOUISVILLE KY

T ☐ Change ☒ Addition
NAME Gerichs, Gerald W.
STREET ADDRESS 2714 Avenue of the Woods
CITY-ST-ZIP Louisville, KY 40241

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

D ☐ Change ☒ Addition
NAME Lampton, Dinwiddie III
STREET ADDRESS 4018 Halls Hill Road
CITY-ST-ZIP Crestwood, KY 40014

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald W. Gerichs

Gerald W. Gerichs, Treasurer

2/20/04

(502) 585-5347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #