

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841510

FILED
Jan 07, 2008
Secretary of State

Entity Name: INVESTORS HERITAGE LIFE INSURANCE COMPANY

Current Principal Place of Business:

200 CAPITAL AVE.
FRANKFORT, KY 40601

New Principal Place of Business:

Current Mailing Address:

P O BOX 717
FRANKFORT, KY 40602

New Mailing Address:

FEI Number: 61-0574893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

T. GALLAGHER FL DEPT FINANCIAL SRVS.
200 E GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JACKSON, JANE
Address: 1010 TYBURN LANE
City-St-Zip: FRANKFORT, KY 40601

Title: T () Delete
Name: MCIVER, JIMMY
Address: 30 FAWN DRIVE
City-St-Zip: FRANKFORT, KY 40601

Title: VD () Delete
Name: DUDGEON, MICHAEL
Address: 112 W 3RD APT 5
City-St-Zip: FRANKFORT, KY 40601

Title: PCD () Delete
Name: WATERFIELD, HARRY LE, E II
Address: 102 HAY AVENUE
City-St-Zip: FRANKFORT, KY 40601

Title: VD () Delete
Name: HARDY, ROBERT M JR.
Address: 207 STONEHEDGE DR.
City-St-Zip: FRANKFORT, KY 40601

Title: D () Delete
Name: GRAHAM, HOWARD L
Address: 463 NINEVAH RD
City-St-Zip: FRANKFORT, KY 40601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIMMY R MCIVER

T

01/07/2008

Electronic Signature of Signing Officer or Director

Date