2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000722

FILED Mar 27, 2007 Secretary of State

Entity Name: INVESTORS HERITAGE FINANCIAL SERVICES GROUP, INC.

Current Principal Place of Business: New Principal Place of Business: 200 CAPITAL AVE. FRANKFORT, KY 40601 **Current Mailing Address: New Mailing Address:** P. O. BOX 717 FRANKFORT, KY 40602 FEI Number: 61-1267299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDC () Delete Title: PDC (X) Change () Addition WATERFIELD, HARRY L II WATERFIELD, HARRY L II Name: Name: P. O. BOX 717 102 HAY AVENUE Address: Address: City-St-Zip: FRANKFORT, KY 40602 City-St-Zip: FRANKFORT, KY 40601 VD Title: VD Title: () Delete (X) Change () Addition Name: HARDY, ROBERT M JR. Name: HARDY, ROBERT M JR. 207 STONEHEDGE DR Address: P. O. BOX 717 Address: FRANKFORT, KY 40602 City-St-Zip: City-St-Zip: FRANKFORT, KY 40601 Title: (X) Change () Addition () Delete Title: JACKSON, JANE S JACKSON, JANE S Name: Name: P O BOX 717 1010 TYBURN LANE Address: Address: City-St-Zip: FRANKFORT, KY 40602 City-St-Zip: FRANKFORT, KY 40601 Title: () Delete Title: (X) Change () Addition MCLVER, JIMMY R MCIVER, JIMMY R Name: Name: Address: P. O. BOX 717 Address: 30 FAWN DRIVE City-St-Zip: FRANKFORT, KY 40602 City-St-Zip: FRANKFORT, KY 40601 Title: Title: (X) Change () Addition () Delete DUDGEON, MICHAEL JR. Name: DUDGEON, MICHAEL JR. Name: P. O. BOX 717 112 W 3RD APT 5 Address: Address: City-St-Zip: FRANKFORT, KY 40602 City-St-Zip: FRANKFORT, KY 40601

I hereby certify that the information supplied with this filing does not qualify for the 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 MCIVER T 03/27/2007