

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000722

FILED
Jan 16, 2009
Secretary of State

Entity Name: INVESTORS HERITAGE FINANCIAL SERVICES GROUP, INC.

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: 61-1267299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PDC () Delete
Name: WATERFIELD, HARRY L 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: S () Delete
Name: JACKSON, JANE S
Address: 1010 TYBURN LANE
City-St-Zip: FRANKFORT, KY 40601

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

Title: VD () Delete
Name: DUDGEON, MICHAEL JR.
Address: 112 W 3RD APT 5
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: VD (X) Change () Addition
Name: DUDGEON, MICHAEL JR.
Address: 525 LUCAS LANE
City-St-Zip: FRANKFORT, KY 40601

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 MCIVER

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date