

1.) CORPORATION NAME:

KENTUCKY UTILITIES COMPANY

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **03843315**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
PREFER	5,300,000
PREF	2,000,000

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 220 WEST MAIN ST

CITY/ST/ZIP: LOUISVILLE, KY 40202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: VICTOR A STAFFIERI TITLE: COB/CEO/P ADDRESS: 220 WEST MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL W THOMPSON TITLE: COO ADDRESS: 220 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: S. BRADFORD RIVES TITLE: CAO ADDRESS: 220 WEST MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Paul A Farr TITLE: DIRECTOR ADDRESS: Two North Ninth Street CITY/ST/ZIP/CO: Allentown, PA 18101</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: William H. Spence TITLE: DIRECTOR ADDRESS: Two North Ninth Street CITY/ST/ZIP/CO: Allentown, PA 18101</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Daniel K Arbough TITLE: TREASURER ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael S Beer VICE PRESIDENT 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lonnie E Bellar VICE PRESIDENT 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kent W Blake CFO 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. Ralph Bowling VICE PRESIDENT 220 W. Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Laura M Douglas VICE PRESIDENT 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas A Jessee VICE PRESIDENT 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John P Malloy VICE PRESIDENT 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dorothy E O VICE PRESIDENT 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paula H Pottinger VICE PRESIDENT 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gerald A Reynolds SECRETARY 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Valerie L Scott Controller 220 W Main Street Louisville, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: George R Siemens TITLE: VICE PRESIDENT ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: David S Sinclair TITLE: VICE PRESIDENT ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Eric Slavinsky TITLE: CIO ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Edwin R Staton TITLE: VICE PRESIDENT ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Paul Gregory Thomas TITLE: VICE PRESIDENT ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: John N Voyles TITLE: VICE PRESIDENT ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Mary C Whelan TITLE: VICE PRESIDENT ADDRESS: 220 W Main Street CITY/ST/ZIP/CO: Louisville, KY 40202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ VICTOR A STAFFIERI	VICTOR A STAFFIERI, COB/CEO/P		11/25/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				