

1.) CORPORATION NAME:

**INVESTORS HERITAGE LIFE INSURANCE COMPANY**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALLEN C GOOLSBY III  
HUNTON & WILLIAMS  
951 E BYRD ST RIVERFRONT PLZ E TWR  
  
RICHMOND, VA**

SCC ID NO: **F0211641**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**KY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 CAPITAL AVENUE  
CITY/ST/ZIP: FRANKFORT, KY 40601

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.

NAME: HARRY LEE WATERFIELD II TITLE: PRESIDENT ADDRESS: 200 Capital Ave. CITY/ST/ZIP/CO: FRANKFORT, KY 40601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RAYMOND L. CARR TITLE: EVP/COO ADDRESS: 200 Capital Ave CITY/ST/ZIP/CO: FRANKFORT, KY 40601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Shane Mitchell TITLE: TREASURER ADDRESS: 200 Capital Ave. CITY/ST/ZIP/CO: FRANKFORT, KY 40601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JANE S. JACKSON TITLE: SECRETARY ADDRESS: 200 Capital Ave. CITY/ST/ZIP/CO: FRANKFORT, KY 40601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Larry Johnson TITLE: CFO ADDRESS: 200 Capital Ave. CITY/ST/ZIP/CO: Frankfort, KY 40601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Robert M. Hardy TITLE: EVP, Gen Couns ADDRESS: 200 Capital Ave. CITY/ST/ZIP/CO: Frankfort, KY 40601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ Robert M.Hardy	Robert M.Hardy,	4/22/2014
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.		