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COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
60-DAY NOTICE AND ANNUAL REPORT  
SEPTEMBER 1, 2007  
MUST BE RECEIVED BY OCT 31, 2007



0173522

ORGANIZATION ID #  
0173522

STATE OR COUNTRY OF INCORPORATION  
KY

ORGANIZATION DATE  
08/15/1902

FILING FEE  
\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS  
Changes made to the principal office address cannot be made on this form. Check (3)A to request a form to be mailed or download the form from our web site

KENTUCKY CENTRAL LIFE INSURANCE COMPANY  
300 WEST VINE ST  
SUITE 1400  
LEXINGTON, KY 40507

RECEIVED  
SEP 25 2007  
SECRETARY OF STATE  
COMMONWEALTH OF KY

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS  
Changes made to the registered agent or registered office cannot be made on this form. Complete (3) to request a form to be mailed or download form from web site.

GLENN JENNINGS  
KY CENTRAL LIFE INSURANCE  
300 WEST VINE STREET  
SUITE 1400  
LEXINGTON, KY 40507

(3) A.  Statement of Change of Designated or Principal Office Address Form  
B.  Statement of Change of Registered Agent or Registered Office Form  
MAIL FORM TO

[Empty box for mail form to]

(4) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed.

President	Glenn Jennings	Address
Vice President	PAUL HARNICE	Address
		Address
		Address
		Address

(5) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name	Address
Name	Address
Name	Address
Name	Address

(6) Check here if you are a cooperative corporation or association organized under KRS 272.   
Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279.

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

Signature of Officer or Chairman of the Board \_\_\_\_\_ Type or Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS  
Trey Grayson  
Secretary of State  
P O Box 1150  
Frankfort, KY 40602-1150

OFFICE LOCATION  
Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

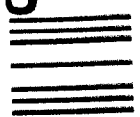
NOTE: P O Box 1150 is for annual report filings only.

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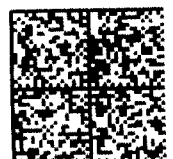
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COMMONWEALTH OF KY

SEP 25 2007

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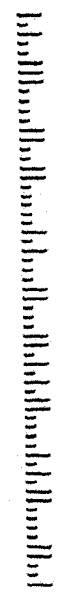


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