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HALL ANI	NA KAYE												
Form 4													
March 25, 2													
FORM			CECU	DITIES			NCE	COMMISSIO	NT	PPROVAL			
	UNITED	SIAIES		shington			NGE		N OMB Number:	3235-0287			
Check t									Expires:	January 31,			
if no loi subject		MENT O	F CHAI	NGES IN	BENEF	ICIA	LOV	WNERSHIP O	F Estimated	2005			
Section				SECUI	RITIES			burden ho	0				
Form 4	or								response	•			
Form 5 obligati	ong *							nge Act of 1934					
may con				•	•	· ·		of 1935 or Sect	tion				
See Inst		30(h)	of the I	nvestmen	t Compai	ny Ac	t of 1	940					
1(b).													
	D \												
(Print or Type	Responses)												
1 Name and	Address of Reporting	Person *	2.1	N	J.T. 1	т I'		5 Relationship	of Reporting Pe	rson(s) to			
	NA KAYE			er Name an	a licker of	r I radii	ng	Issuer	of Reporting I e	r reporting r erson(s) to			
			Symbol EARM	ERS CAI	DITAL R	ANK	COP	D					
			[FFKT		TIAL D	AINK	CON	(Check all applicable)					
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			Director	109	% Owner			
			(Month/	lonth/Day/Year)			XOfficer (g	give title Oth below)	her (specify				
POST OFFICE BOX 309			03/25/2013					Senior VP, Finance					
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
· · · · · · · · · · · · · · · · · · ·				ed(Month/Day/Year)					Applicable Line)				
								X Form filed b	by One Reporting F				
FRANKFO	DRT, KY 40602-0	309						Form filed b Person	y More than One R	eporting			
		(7.)											
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secur	ities A	cquired, Disposed	l of, or Beneficia	lly Owned			
1.Title of	2. Transaction Date	2A. Deem	ed	3.	4. Securit			5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)	Execution	Date, if		nAcquired			Securities	Form: Direct	Indirect			
(Instr. 3)		any (Month/Da	w/Veer)	Code (Instr. 8)	Disposed (Instr. 3, 4			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
			ay/ 1 cal)	(11150. 0)	(11150. 3,	+ and J	,)	Following	(I) (Instr. 4)	(Instr. 4)			
						(A)		Reported	, ,				
						(A) or		Transaction(s)					
				Code V	Amount		Price	(Instr. 3 and 4)					
Domin Jaw D	nont on o or	for a l 1	one of	uniting bas	ficially	nod J:	a atl-r	n in dine et l-					
Keminder: Re	port on a separate line	e for each cl	ass of sec	unties bene				pr indirectly.	action of	SEC 1474			
								ained in this for		SEC 1474 (9-02)			
										(> (-)			

required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secu

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8	Securitie Acquire (A) or Dispose of (D) (Instr. 3	Disposed		Secur (Instr	ities . 3 and 4)	(Instr. 5)	Bene Owne Follo Repo Trans (Instr
Beno	rting Owners		Code N	7 (A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
HALL ANNA KAYE POST OFFICE BOX 309 FRANKFORT, KY 40602-0309			Senior VP, Finance	2					
Signatures									
Mark A. Hampton, Attorney in F 2/3/2010	DA dated	03/25/2013							
<u>**</u> Signature of Reportin	g Person		Date						
Explanation of Res	nons	201							

on of Responses: LAVIAIIA

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.