

2/14/2012
0607971

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

P601
0607971
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
2/14/2012 1:55:08 PM
Fee receipt: \$10.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

KENTUCKIANA INSURANCE CENTRE, INC.

which is organized in the state of Indiana, and for that purpose submits the following statements:

1. Name of current registered agent

WALTER L MCGRAW

2. Registered agent is hereby changed to:

Tac Milne

3. Address of current registered office

9210 LAKERIDGE DRIVE
LOUISVILLE, KY 40272

4. Registered office is hereby changed to:

7211 Glen Arbor Road
LOUISVILLE, KY 40222

5. Signature of officer or chairman of the board

Larry D Shepherd, Secretary / Treasurer

Signature and Title

Type or print name and title

2/14/2012 1:55 PM

Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

Tac Milne

Signature and Title

Type or print name and title