

12/16/2015  
0494800

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
KY Secretary of State  
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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

THE KENTUCKY WORKERS' COMPENSATION EDUCATIONAL  
ASSOCIATION, INC.

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

1. Name of current registered agent

GENEVIEVE STANLEY

2. Registered agent is hereby changed to:

Sherri Keller

3. Address of current registered office

4305 SOUTHMOOR PARK  
LEXINGTON, KY 40514

4. Registered office is hereby changed to:

300 E. Main Street, Ste 400  
LEXINGTON, KY 40507

5. Signature of officer or chairman of the board

Sherri Keller, Treasurer  
Signature and Title  
Type or print name and title  
12/16/2015 9:36 AM  
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.  
Sherri Keller  
Signature and Title  
Type or print name and title