## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes
KY Secretary of State
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## **Statement of Change of Principal Office Address**

**POC** 

**NPOC** 

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

## KENTUCKY MUTUAL INSURANCE COMPANY

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

1. Address of current principal office	2. Principal office is hereby changed to:
2709 OLD ROSEBUD ROAD LEXINGTON, KY 40509	2716 SIR BARTON WAY LEXINGTON, KY 40509
2 Cinneture of efficiency who improved the beauty	
3. Signature of officer or chairman of the board	
ENOCH ROBERTS, BOARD MEMBER Signature and Title	
Type or print name and title	
1/15/2018 7:39 AM	WE FA TONY