

3/19/2013
0022312

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

P601
0022312
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
3/19/2013 10:48:22 AM
Fee receipt: \$10.00

Alison Lundergan Grimes
Secretary of State
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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

HAZARD COMPENSATION AGENCY, INCORPORATED

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

1. Name of current registered agent

L. D. GORMAN

2. Registered agent is hereby changed to:

L. D. GORMAN

3. Address of current registered office

MAIN ST.
P. O. BOX 89
HAZARD, KY 41701

4. Registered office is hereby changed to:

48 SOUTH KY HWY 15
P. O. BOX 89
HAZARD, KY 41701

5. Signature of officer or chairman of the board

DEWEY R GORMAN, PRESIDENT

Signature and Title

Type or print name and title

3/19/2013 10:48 AM

Date

6. Consent of new agent

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

Signature and Title

Type or print name and title