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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
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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

KENTUCKY HEALTH INSURANCE & BENEFITS, LLC

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

1. Name of current registered agent

CAROLYN REYNOLDS BOGIE

2. Registered agent is hereby changed to:

CAROLYN REYNOLDS

3. Address of current registered office

631 CHESTNUT STREET
BEREA, KY 40403

4. Registered office is hereby changed to:

631 CHESTNUT STREET
BEREA, KY 40403

5. Signature of officer or chairman of the board

Paul M Reynolds, Member
Signature and Title

Type or print name and title

3/19/2015 3:40 PM

Date

6. Consent of new agent

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

Carolyn Reynolds
Signature and Title

Type or print name and title