6/24/2015 0671326		Commonwealth of Kentucky Indergan Grimes, Secretary o	Received and Filed		P601
Alison Lunde	rgan Grimes	Statement of Change a	6/24/2015 2 Fee receipt:		
Secretary P. O. B Frankfort, KY (502) 56	ox 718 40602-0718	Statement of Change of Registered Office, Registe 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

DOCTORS & SURGEONS NATIONAL RISK RETENTION GROUP, INC.

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

http://www.sos.ky.gov

1. Name of current registered agent	2. Registered agent is hereby changed to:
UNIT	Christpher R. Jenkins
3. Address of current registered office	4. Registered office is hereby changed to:
	200 West Vine St. Lexington, KY 40588

5. Signature of officer or chairman of the board	6. Consent of new agent
Robert A. Zack, Secretary	I consent to serve as the new registered agent on behalf of this corporation.
	Christopher R. Jenkins
Type or print name and title	Signature and Title
6/24/2015 2:29 PM	Type or print name and title