



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
215 WEST MAIN STREET/P.O. BOX 517
FRANKFORT, KENTUCKY 40602
502-564-6082 FAX 502-564-4604**

APPLICATION TO AMEND LICENSE AS AN ADVISORY ORGANIZATION, FORM PROVIDER, STATISTICAL AGENT OR PREMIUM FINANCE COMPANY

Federal ID No.: _____ Type of License _____

(Name of Company)

incorporated under the laws of the state of _____ located in the City of _____, State of _____ wishes to amend its existing Kentucky license in the following manner:

NAME CHANGE:

(New Name of Company)

REDOMESTICATION:

_____ to _____
(from previous city/state of domestication) (new city/state of domestication)

Effective date of change: _____

Please attach supporting documentation, such as amended Articles of Incorporation, and evidence the change has been made with the KY Secretary of State.

For premium finance company, please file, in duplicate, revised finance agreements and supplementary forms.

Signed by: _____ **Date:** _____
President, Vice President or Secretary