APPLICATION TO AMEND CERTIFICATE OF AUTHORITY FOR HMO/LHSO

		NAIC Group No.:
	(Name of Comp	popul.
	(Name of Comp	oany)
incorporated und	er the laws of the state	e of located in the
City of	, State of	wishes to amend its
ovicting Kontuck	Cortificate of Authorit	w in the following manner
existing Kentucky	Certificate of Authorit	y in the following manner:
NAME CHANGE:		mpany)
NAME CHANGE:		
NAME CHANGE: REDOMESTICATION:	(New Name of Cor	
	(New Name of Cor	mpany)
REDOMESTICATION:	(New Name of Cor	mpany)
REDOMESTICATION:	(New Name of Cor	(new city/state of domestication)
REDOMESTICATION:	(New Name of Cor	mpany)

President, Vice President or Secretary