



PUBLIC PROTECTION CABINET

Andy Beshear
GOVERNOR
Jacqueline Coleman
LIEUTENANT GOVERNOR

Kentucky Department of Insurance
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Phone: (502) 564-3630
Toll Free: (800) 595-6053

Ray A. Perry
SECRETARY
Sharon P. Clark
COMMISSIONER

IRS NO. _____

NAIC NO. _____

(Name of Fraternal Benefit Society)

organized under the laws of the State of _____

and located in the City of _____, hereby makes application
for a Certificate of Authority in the Commonwealth of Kentucky to transact the business
of insurance

for _____ Life, _____ Health, or _____ Life and Health as permitted in
Chapter 304 Subtitle 29 of the Kentucky Revised Statutes for the period beginning May
1 of the current year through April 30 of the following year.

Signed this _____ day of _____, 20_____

By: _____
(Name)

(Title)