



**COMMONWEALTH OF KENTUCKY  
OFFICE 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.**

**Please provide the Department with the following information:**

**Home Office Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**President** \_\_\_\_\_

**Home Office Phone Number** \_\_\_\_\_

**Contact Person and email Address** \_\_\_\_\_

**State of Domicile** \_\_\_\_\_

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

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
President, Vice President or Secretary