



PUBLIC PROTECTION CABINET

Matthew G. Bevin
Governor

656 Chamberlin Avenue, Suite B
Frankfort, KY 40601
Phone: (502) 564-7760
Fax: (502) 564-3969
www.ppc.ky.gov

K. Gail Russell
Acting Secretary

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)

