

COMMONWEALTH OF KENTUCKY
JOHN Y. BROWN III, SECRETARY OF STATE
ANNUAL REPORT
 (See Reverse Side for Filing Instructions)

RECEIVED MAY - 3 1996

RECORD #

0022355

DUE JUNE 30, 1996

(4) FILING FEE

15.00

(1) EXACT CORPORATE NAME AND PRINCIPAL OFFICE ADDRESS:

HAZARD INSURANCE AGENCY
 515 MAIN STREET
 BOX 59
 HAZARD, KY. 41701-1777

(5) STATE OR COUNTRY OF INCORPORATION

KY

RECEIVED
 MAY 8 1996
 SECRETARY OF STATE
 COMMONWEALTH OF KY

(2) PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO:

[Empty box for principal office address change]

(6) DATE OF INCORPORATION OR AUTHORIZATION TO TRANSACT BUSINESS

02/04/1929

(3) REGISTERED AGENT AND REGISTERED OFFICE ADDRESS:

JOE P. GORMAN
 515 MAIN ST., P.O. BOX 59
 HAZARD, KY. 41702

(7) PLEASE MAIL A STATEMENT OF CHANGE FORM TO:

[Empty box for mailing statement of change form]

Changes made to the registered agent or registered office cannot be made on this form.
 See Filing Instructions on reverse side

PLEASE TYPE OR PRINT THE NAMES AND BUSINESS ADDRESSES OF THE CORPORATION'S CURRENT PRINCIPAL OFFICERS.
 IF SOLE OFFICER, PLEASE CHECK

PRESIDENT	Joe Pat Gorman	P.O. Box 59	Hazard, Ky	41701
VICE PRESIDENT	William D. Gorman Jr	P.O. Box 59	Hazard, Ky	41701
Vice President	John A. Delpont	P.O. Box 59	Hazard, Ky	41701
SECRETARY	Anita Griffie	P.O. Box 59	Hazard, Ky	41701
TREASURER				

PLEASE TYPE OR PRINT THE NAMES AND BUSINESS ADDRESSES OF THE CORPORATION'S DIRECTORS.

Directors are required to be listed. No listing of directors is verification that the corporation has dispensed with the board of directors. Non-profit corporations must list three (3) or more directors. See Filing Instructions on reverse side

BOARD OF DIRECTORS	Joe Pat Gorman	P.O. Box 59	Hazard, Ky	41701
	William D. Gorman JR	P.O. Box 59	Hazard, Ky	41701
	John A. Delpont	P.O. Box 59	Hazard, Ky	41701
	Anita Griffie	P.O. Box 59	Hazard, Ky	41701
	Dewey Gorman	P.O. Box 59	Hazard, Ky	41701

I VERIFY THAT INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

AUTHORIZED SIGNATURE [Signature] TITLE Ex. V.P. DATE 5/7/96

PROFESSIONAL SERVICE CORPORATIONS ONLY: In addition to the annual report content requirement, there shall be included a list of names and addresses of all shareholders of the professional service corporation and the president shall sign the certificate below.

CERTIFICATE OF PROFESSIONAL SERVICE CORPORATION

I, President of said corporation, do certify that all of the shareholders, not less than one half of the directors, and all officers other than secretary and treasurer of the professional service corporation are duly qualified as provided in KRS Chapter 274 and a copy of such annual report has been filed with the regulating board that licenses the shareholders described in this statement.

PRESIDENT'S SIGNATURE [Signature]