

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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**Statement of Change of
Principal Office Address**

POC

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE
CORPORATION**

and for that purpose submits the following statements:

1. Address of current principal office

500 WEST MAIN STREET
C/O CORPORATE SECRETARY
LOUISVILLE, KY 40202

2. Principal office is hereby changed to:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

3. Authorized Signature of Entity

Crystal McKenzie, Power of Attorney

Signature and Title

Crystal McKenzie, Power of Attorney

Type or print name and title

5/4/2023

Date