## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes
KY Secretary of State
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## **Statement of Change of Principal Office Address**

**POC** 

**PPOC** 

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

## **BLUEGRASS CAPTIVE INSURANCE COMPANY**

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Address of current principal office	2. Principal office is hereby changed to:
P.O. BOX 23790 1700 EASTPOINT PARKWAY LOUISVILLE, KY 40223	425 Lewis Hargett Circle Lexington, KY 40503
3. Signature of officer or chairman of the board	
Richard Schoff, Treasurer Signature and Title	
Type or print name and title	S EN SIA