## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St KY Secretary of State

0016674 Michael G. Adams Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Statement of Change of **Principal Office Address**

**POC** 

N601

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

## FALLS CITY MUTUAL INSURANCE CO, INC.

and for that purpose submits the following statements:

1. Address of current principal office

2. Principal office is hereby changed to:

909 SOUTH SHELBY STREET LOUISVILLE, KY 40203

517 S First St PO Box 21 Irvington, KY 40146

3. Authorized Signature of Entity

Sharon Ledford, Secretary Treasurer Signature and Title Sharon Ledford, Secretary Treasurer Type or print name and title 3/1/2024