

1.) CORPORATION NAME:

DUE DATE: **3/31/2012**

**Kentucky Premium Finance Corporation (USED IN VABY:  
Commonwealth Premium Finance Corporation)**

SCC ID NO: **F1620063**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

5.) STOCK INFORMATION

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**KY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 220 LEXINGTON GREEN CIRCLE  
SUITE 600

CITY/ST/ZIP: LEXINGTON, KY 40503-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARKUS EMIG  
TITLE: AREA PRES  
ADDRESS: 220 LEXINGTON GREEN CIRCLE  
CITY/ST/ZIP/CO: LEXINGTON, KY 40503-

OFFICER

DIRECTOR

NAME: LISA A. COYNE  
TITLE: VP - TAX  
ADDRESS: 220 LEXINGTON GREEN CIRCLE  
SUITE 600  
CITY/ST/ZIP/CO: LEXINGTON, KY 40503-

OFFICER

DIRECTOR

NAME: JOHN R OWENS  
TITLE: VICE PRESIDENT  
ADDRESS: 220 LEXINGTON GREEN CIR  
CITY/ST/ZIP/CO: LEXINGTON, KY 40503-

OFFICER

DIRECTOR

NAME: APRIL HANES-DOWD  
TITLE: SECRETARY  
ADDRESS: 220 LEXINGTON GREEN CIRCLE  
SUITE 600  
CITY/ST/ZIP/CO: LEXINGTON, KY 40503-

OFFICER

DIRECTOR

NAME: JACK H. LAZZARO TITLE: TREASURER ADDRESS: 220 LEXINGTON GREEN CIRCLE SUITE 600 CITY/ST/ZIP/CO: LEXINGTON, KY 40503-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEVEN C WENNERSTRUM TITLE: PRESIDENT ADDRESS: 220 LEXINGTON GREEN CIRCLE, 600 CITY/ST/ZIP/CO: LEXINGTON, KY 40503-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID E MCGURN JR TITLE: DIRECTOR ADDRESS: 220 LEXINGTON GREEN CIRCLE, 600 CITY/ST/ZIP/CO: LEXINGTON, KY 40503-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOEL D. CAVANESS TITLE: DIRECTOR ADDRESS: 220 LEXINGTON GREEN CIRCLE, 600 CITY/ST/ZIP/CO: LEXINGTON, KY 40503-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ LISA A. COYNE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LISA A. COYNE, VP - TAX</u> PRINTED NAME AND CORPORATE TITLE	<u>3/16/2012</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		