

1.) CORPORATION NAME:

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

DUE DATE: **3/31/2013**

SCC ID NO: **F1620063**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA PRES		
ADDRESS:	220 LEXINGTON GREEN CIRCLE		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40503		

NAME:	STEVEN C WENNERSTRUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	220 LEXINGTON GREEN CIRCLE, 600		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40503		

NAME:	LISA A. COYNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP - TAX		
ADDRESS:	220 LEXINGTON GREEN CIRCLE SUITE 600		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40503		

NAME:	JOHN R OWENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	220 LEXINGTON GREEN CIR		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40503		

NAME:	APRIL HANES-DOWD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	220 LEXINGTON GREEN CIRCLE SUITE 600		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40503		

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: 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
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
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.		
/s/ LISA A. COYNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA A. COYNE, VP - TAX PRINTED NAME AND CORPORATE TITLE	3/8/2013 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.		