



Steven L. Beshear
GOVERNOR

DEPARTMENT OF INSURANCE

CERTIFICATE OF AUTHORITY
Amended

Satisfactory evidence has been furnished to me showing that **UnitedHealthcare of Kentucky, Ltd.** organized in the State of **Kentucky**, and having its principal office at **Lexington, Kentucky**, is in sound and solvent condition, and has fully complied with all the provisions of the Insurance Laws of the Commonwealth of Kentucky that are applicable thereto. Now, therefore, on behalf of the Department of Insurance of the Commonwealth of Kentucky, I do hereby authorize the said insurance company to transact the business of **Health Maintenance Organization Insurance** in this Commonwealth for the period beginning on the date shown below and to continue in force as long as the insurer is entitled thereto.

Sharon P. Clark

Sharon Clark
Commissioner
Department of Insurance



This Certificate of Authority shall, at all times, be the property of the Commonwealth of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the insurer shall promptly deliver this Certificate to the Department of Insurance.

Certificate Number: 62-1240316

Date: January 5, 2009

Effective Date: December 31, 2008