



MATTHEW G. BEVIN
GOVERNOR
DEPARTMENT OF INSURANCE
CERTIFICATE OF AUTHORITY

Satisfactory evidence has been furnished to me showing that **Molina Healthcare of Kentucky, Inc.** organized in the State of **Kentucky**, and having its principal office at **Louisville, KY**, 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.



Handwritten signature of Nancy E. Colkin

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 NO: 83-3866292

DATE: 04/23/2019

EFFECTIVE DATE: 04/23/2019