

COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE



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Trey Grayson
Secretary of State
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STATEMENT OF REGISTRATION OR RENEWAL OF LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration or renewal as a limited liability partnership on behalf of the partnership named below and for that purpose submits the following statements:

1. Registration (CHECK ONE) Renewal

2. The name of the limited liability partnership is

BARNES INSURANCE GROUP I, LLP

3. The state or country of formation is KENTUCKY

4. The principal office address is
P.O. Box 1238 Florence KY 41022-1238
Address City State Zip Code

5. The number of partners is 2
7600 Dixie Hwy
Florence, KY 41042

6. The names of the partners are
MONICA KREWMEN Name of Partner
JESSICA BARNES Name of Partner

(Attach a continuation sheet, if necessary)

7. The nature of the business of the partnership is
INSURANCE SALES
(Brief Description)

The statement is executed by
Signature: [Handwritten Signature] Print or type name and title: JESSICA BARNES, PARTNER Date: 9/30/04