## Commonwealth of Kentucky Michael G. Adams, Secretary of St

|  | 1                           |   | i ce receipt. |     |  |
|--|-----------------------------|---|---------------|-----|--|
| Michael G. Ad<br>Secretary of S<br>P. O. Box 11<br>Frankfort, KY 406<br>(502) 564-34<br>http://www.sos.k | tate<br>50<br>02-1150<br>90 | Annual Report<br>Online Filing<br>For the Year 2024 |               | ARP |  |
| Company:   | .IFANNA TURN                | NER INSURANCE, INC                                  |               |     |  |
| Company ID:  | 0579400                     |   |               |     |  |
| State of origin:   | Kentucky                    |   |               |     |  |
| Formation date:  | 2/20/2004 12:0              | 0.00 AM   |               |     |  |
| Date filed:  | 5/21/2024 10:1              |   |               |     |  |
| Fee:   | \$15.00                     |   |               |     |  |
| Principal Office   |                             | D WE  |               |     |  |
| 484 CORNETT RD   |                             | Star Star   |               |     |  |
| GUSTON, KY 40142   |                             |   |               |     |  |
| Registered Agent<br>JEANNA C. TURNER<br>484 CORNETT RD<br>GUSTON, KY 40142                               | Name/Address                |   | TUC           |     |  |
| <b>Current Officers</b>  |                             |   |               |     |  |
| President  | eanna C Turner              | 484 CORNETT RD GUSTON, KY                           | 40142         |     |  |
| County:  | Meade                       | A SA            |               |     |  |
| Business size:   | Small                       | ED WE   |               |     |  |
| Business type:   |                             | nts, Brokers and Service                            |               |     |  |
| Signatures   |                             | EN CONTRACT   |               |     |  |
| Signature  | JEANNA C TURI               | NER   |               |     |  |
| Title  | PRESIDENT                   |   |               |     |  |
|  |                             |   |               |     |  |