



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings

P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Authority
 (Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A-030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> other |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | |

2. The name of the entity is STANDARD INSURANCES COMPANY

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): STANDARD INSURANCES COMPANY

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Utah

5. The date of organization is NOVEMBER 23, 2015

and the period of duration is _____

(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is

P.O. Box 708490

Sandy

UT

84070

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is

5400 Commerce Dr.

Paducah

KY

42001-9490

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is Ian Jacobs

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Richard N Reese

PO Box 708490

Sandy

UT

84070

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is July 21, 2020



Richard N Reese

07/21/2020

Signature of Authorized Representative

Printed Name & Title

Date

I, Ian Jacobs

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent



Ian Jacobs

Plant Manager

07/21/2020

Signature of Registered Agent

Printed Name

Title

Date