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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/23/2024 9:19 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Certificate of Ass (Domestic or Foreig				
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KRS following statement: 1. The assumed name is:	s 365, the undersigned applies to ris Insurance Ag	·	t purpose, submits the	
2. The name of the business enti	ty (and in the case of general par	tnership, the partners) that is	/are adopting the assumed	
name:				
Independent Agents of KY,	Inc.			
Name must be identical to the nam	e on record with the Secretary of S	State.)		
3. The <u>"real name"</u> is (you must ch	eck one):			
a Domestic General Partnership		a Foreign General P	a Foreign General Partnership	
a Domestic Limited	Liability Partnership	a Foreign Limited Lia	a Foreign Limited Liability Partnership	
a Domestic Limited Partnership a Foreign Limited Partnership			ırtnership	
a Domestic Business Trust a Foreign Business Trust			Trust	
a Domestic Corpora	ation	a Foreign Corporation	a Foreign Corporation	
a Domestic Limited Liability Company		a Foreign Limited Liability Company		
a Domestic Statutory Trust		a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association		
a Domestic Uninco	rporated Non-profit Association	a Foreign Unincorporated Non-profit Association		
4. The business is organized and	i existing in the state or country o	_f Kentucky		
5. The mailing address is:				
806 Stone Creek Parkway,	#1 Louisville	KY	40223	
Street Address or Post Office Box	Numbers C	ity State	Zip	
I declare under penalty of perjury	under the laws of Kentucky that t	he forgoing is true and corre	ct.	
Samuel P. John	Samuel Lotze	e President	5/17/24	
Authorized Party Signature	Printed Name	Title	Date	