

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

1151405 1151405

Michael G. Adams  
KY Secretary of State  
Received and Filed

1/9/2024 12:00:00 AM

Fee receipt: \$284.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Authority**

**RCA**

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a limited liability company.
2. The name of the entity is: Elevate Claims Solutions LLC
3. The name of the entity to be used in Kentucky is (if applicable): Elevate Claims Solutions LLC
4. It is an entity organized and existing under the laws of the state of Indiana.
5. The date of organization is 5/26/2020 and the period of duration is perpetual

**Principal Office**

11600 E Washington St Unit 29121  
Indianapolis, IN 46229

**Registered Agent Name/Address**

Cogency  
828 Lane Allen Road, Suite 219  
Lexington, KY 40504

**Members/Managers**

Manager Jill Trimmel 4405 N County Rd. 575 E., Brownsburg, IN 46112

6. Karen Young, Legal Rep, on 1/9/2024
7. I, Cogency, consent to serve as the registered agent on behalf of the this entity on 1/9/2024