Organization ID # 0605007 State of origin Filing fee \$115.00

Commonwealth of Kentucky Michael G. Adams, Secretary of State

dwilliams

LRPF Michael G. Adams

Kentucky Secretary of State Received and Filed: 12/15/2021 7:00 AM Fee Receipt: \$115.00

The principal office address and registered agent name/office address cannot be changed

modify the addresses until the reinstatement is

on this form. When reinstating, you cannot

filed. Once the reinstatement is filed, the statement of change can be filed online at https: \web.sos.ky.gov\ftsearch or can be downloaded

from our website.

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

Reinstatement Application and **Reinstatement Annual Report** For the year 2021

Exact limited liability company name and principal office address INSURANCE ONE. LLC **1812 JESSAMINE STATION RD**

WILMORE KY 40390

Registered Agent and Registered Office Address

RUSSELL AMEYER 106 LONE OAK DRIVE NICHOLASVILLE, KY 40356

If the above company is included in a parent company's Kentucky tax return as a disregarded

company's information here (optional): Members - List the name And address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Membermanaged LLCs are not required to list their members. RUSSELL A MEYER The above entity was administratively dissolved on October 18, 2021 because the entity did not file its annual report for the year 2021. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer. Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to INSURANCE ONE, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220

er of said entity/please pfolide a Declaration of Power of Attorney with the Reinstatement Application. If not an off

Signature of member Or manage

Website: www.revenue.ky.gov Phone: 502-564-8139 Fax: 502-564-0058

INSURANCE ONE, LLC 1812 JESSAMINE STATION RD WILMORE KY 40390

Notice Date:

December 14, 2021

KY SoS Org. ID:

0605007

RE:

Letter of Good Standing Request - Approved

SUMMARY

You requested a letter of good standing, and your entity is in good standing with the Department of Revenue.

OUR DETERMINATION

We verified the following information.

- 1. You are registered with the Department of Revenue.
- 2. An authorized person requested this letter.
- You filed income and LLE tax returns as required, or you are exempt from filing.
- 4. You have no outstanding tax assessments with the Division of Collections or have a valid pay agreement in place.

This notice will remain current for 30 days from the notice date above.

- WHAT YOU NEED TO DO 1. If you are attempting to reinstate your entity, please provide a copy of this letter to the Kentucky Secretary of State within 30 days of the notice date above.
 - 2. If you are a for-profit corporation, you will also need to provide the Secretary of State a letter of good standing from the Division of Unemployment Insurance. Their telephone number is 502-564-6835.
 - 3. If you are a non-profit entity, please remember to file a copy of your tax returns with the Kentucky Attorney General. The charity filing requirements website is: http://ag.ky.gov/family/consumerprotection/ charity/Pages/registration.aspx.

CONTACT INFORMATION

If you have any questions regarding this notice, please contact me. Thank you.

Agent: Megan REVY099, Taxpayer Services Specialist I

Email: MeganD.Roberts@ky.gov

Direct: 502-564-7310