

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

Certificate of Authority

FBE

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: **HORIZON ACTUARIAL SERVICES, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **10/2/2007** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

1155 Perimeter Center West, Suite 1100
Atlanta, GA 30338

8. Required Representatives

Member	Cary Franklin	5200 Lankershum Blvd., Ste. 740	North Hollywood	CA	91601
Member	Mark Lewis	PO Box 467187	Atlanta	GA	31146

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Tyler Yates**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, August 29, 2023

As the Authorized Representative, I, **Susan King**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Controller**