

REVIEWED

By tamsin.wade at 4:52 pm, 8/2/23



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1299011.06

mmoore
ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
8/4/2023 11:16 AM
Fee Receipt: \$40.00

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

Articles of Organization
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is:
Sunshine Insurance, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

509 Nichols Street Somerset KY 42501
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Robin Smith

Article III: The mailing address of the limited liability company's initial principal office is:

509 Nichols Street Somerset KY 42501
Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):

☐
☒

A. a manager(s).

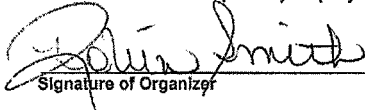
B. its member(s).

Article V: This application will be effective upon filing.

☐

If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.


Signature of Organizer

Robin Smith
Printed Name & Title

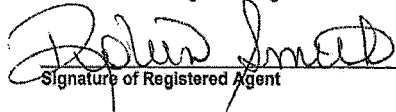
08/01/2023
Date

Signature of Organizer

Printed Name & Title

Date

I, Robin Smith
Print Name of Registered Agent, consent to serve as the registered agent on behalf of the limited liability company.


Signature of Registered Agent

Robin Smith
Printed Name

08/01/2023
Date

(02/23)



PDB Report

Name: ROBIN SMITH

FEIN:

Demographics: Last Updated
03/02/2023

NPN: 9713725

Producer Licensing: 03/02/2023

Report Type: PDB DETAIL

Appointments: 03/22/2023

Report Date: 07/31/2023

RIRS: No Information Available

Active Resident States: KY

Resident Licensed States: KY

Non-Resident Licensed States: OH

Resident Licensed State(s)

Summary For State: KY

NPN: 9713725

Date: 07/31/2023

ROBIN SMITH

Demographics

NPN: 9713725

Date: 07/31/2023

State: KY

DOB: 08/03/1964

Name: ROBIN SMITH

Date Updated Business Addresses:

07/08/2017 509 NICHOLS ST SOMERSET, KY U.S.A. 42501

Date Updated Business Email:

02/12/2015 SMITHROBINR@YAHOO.COM

Date Updated Business Phone:

02/12/2015 606-416-3360

Date Updated Mailing Addresses:

07/08/2017 509 NICHOLS ST SOMERSET, KY U.S.A. 42501

Date Updated Residence Addresses:

07/08/2017 509 NICHOLS ST SOMERSET, KY U.S.A. 42501

License Summary ROBIN SMITH **NPN:** 9713725 **Date:** 07/31/2023

State: KY

License #: DOI-665081 **Issue Date:** 03/10/2015 **Expiration Date:** 08/31/2024 **Last Updated:** 08/08/2022

Class: Agent **Residency:** R **Active:** Yes * Indicates current LOA status

Designated Home State: None

CE Compliance: N/A

CE Credits Needed:

CE Renewal Date:

<u>Line of Authority</u>	<u>Authority Issue Date</u>	<u>Status</u>	<u>Status Reason</u>	<u>Status Date</u>
Health	03/10/2015	Active	* Active License	03/10/2015

Appointments ROBIN SMITH **NPN:** 9713725 **Date:** 07/31/2023

State: KY

Company Name: ARCADIAN HEALTH PLAN, INC.(728196) **FEIN:** 201001348 **Cocode:** 12151 **Last Updated:** 10/21/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/20/2021	

Company Name: CARESOURCE KENTUCKY CO.(838179) **FEIN:** 464991603 **Cocode:** 15479 **Last Updated:** 10/07/2015

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/06/2015	

Company Name: COMPBENEFITS INSURANCE COMPANY **FEIN:** 742552026 **Cocode:** 60984 **Last Updated:** 10/21/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/20/2021	

Company Name: DENTAL CONCERN INC. (THE)(301641) **FEIN:** 521157181 **Cocode:** 54739 **Last Updated:** 11/20/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		11/19/2021	

Company Name: HUMANA BENEFIT PLAN OF ILLINOIS, INC.(781543) **FEIN:** 371326199 **Cocode:** 60052 **Last Updated:** 10/12/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/10/2021	

Company Name: HUMANA HEALTH PLAN OF OHIO INC.(301565) **FEIN:** 311154200 **Cocode:** 95348 **Last Updated:** 10/26/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/25/2021	

Company Name: HUMANA INSURANCE COMPANY(301104) **FEIN:** 391263473 **Cocode:** 73288 **Last Updated:** 10/12/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/10/2021	

Company Name: HUMANA MEDICAL PLAN, INC.(801568) **FEIN:** 611103898 **Cocode:** 95270 **Last Updated:** 10/21/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/20/2021	

Company Name: HUMANA WISCONSIN
HEALTH ORGANIZATION

FEIN: 391525003

Cocode: 95342

Last Updated: 10/26/2021

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
Health	Appointed		10/25/2021	

Non-Resident Licensed State(s)

Summary For State: OH **NPN:** 9713725 **Date:** 07/31/2023

ROBIN SMITH

Demographics **NPN:** 9713725 **Date:** 07/31/2023

State: OH

DOB: 08/03/1964

Name: ROBIN SMITH

Date Updated **Business Addresses:**

03/02/2023 509 NICHOLS ST SOMERSET, KY U.S.A. 42501

Date Updated **Business Email:**

03/02/2023 SMITHROBINR@YAHOO.COM

Date Updated **Business Phone:**

03/02/2023 606-416-3360

Date Updated **Mailing Addresses:**

03/02/2023 509 NICHOLS ST SOMERSET, KY U.S.A. 42501

Date Updated **Residence Addresses:**

03/02/2023 509 NICHOLS ST SOMERSET, KY U.S.A. 42501

License Summary ROBIN SMITH **NPN:** 9713725 **Date:** 07/31/2023

State: OH

License #: 1492702 **Issue Date:** 03/02/2023 **Expiration Date:** 08/31/2025 **Last Updated:** 03/02/2023

Class: MAJOR LINES **Residency:** NR **Active:** Yes * Indicates current LOA status

Designated Home State: None

CE Compliance:

CE Credits Needed:

CE Renewal Date:

<u>Line of Authority</u>	<u>Authority Issue Date</u>	<u>Status</u>	<u>Status Reason</u>	<u>Status Date</u>
Accident & Health	03/02/2023	Active	* LICENSE STATUS CHANGE	03/02/2023

Appointments

ROBIN SMITH

NPN:

9713725

Date:

07/31/2023

State: OH**Company Name:** HUMANA WISCONSIN
HEALTH ORGANIZATION**FEIN:** 391525003**Cocode:** 95342**Last Updated:** 03/22/2023

<u>Line of Authority</u>	<u>Status</u>	<u>Termination Reason</u>	<u>Current Appt/Term Effective Date</u>	<u>Renewal Date</u>
ACCIDENT & HEALTH - HIC	Appointed		03/21/2023	

Regulatory Actions

NPN: 9713725

Date: 07/31/2023

ROBIN SMITH

No Information Available

Comments

NPN: 9713725

Date: 07/31/2023

ROBIN SMITH

No Information Available

The Producer Database (PDB) compiles information provided by participating state insurance departments including licensing information on insurance producers and/or registered securities brokers and regulatory actions on insurance producers, companies and other entities engaged in the business of insurance. Not every state participates actively or fully in the PDB. The Producer Database does not report adverse licensing or regulatory action information on individuals if the information is more than seven (7) years old. Users are cautioned that the absence of information on a particular individual or entity should not be taken as conclusive that no licensing or regulatory action information exists. The information is provided "AS IS" and there is no guarantee of the truth or accuracy of the information provided by the state insurance department. There is no guarantee the information in the PDB has not been modified, revised or updated and not reported by the state insurance department to the PDB.