

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1442116.06
Michael G. Adams
Secretary of State
Received and Filed
3/27/2025 12:00:00 AM
Fee receipt: \$90

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

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 entity is a **limited liability company**.

2. The name of the entity is

Madison Insurance Association, LLC

3. The name of the entity to be used in Kentucky is

MADISON INDEPENDENT AGENCY NETWORK LLC

4. The state or country under whose law the entity is organized is **Tennessee**.

5. The date of organization is **7/6/2020** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

800 Oak Ridge Tpke Ste A500, OAK RIDGE, TN 37830

7. The name of the initial registered agent is

Corporation Service Company

and the street address of the entity's initial registered office in Kentucky is

421 W Main St, Frankfort, KY 40601

8. The names and business addresses of the entity's representatives:

Member	William Arowood	800 Oak Ridge Tpke Ste A500, OAK RIDGE, TN 37830
Member	Robert J Arowood	800 Oak Ridge Tpke Ste A1000, Oak Ridge, TN 37830

9. This entity is managed by **Members**.

10. This filing will be effective on **Thursday, March 27, 2025**.

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

Signature of individual signing on behalf of **Member: William Arowood**

I, **Dale Franklin**, consent to sign for **Corpor**
Company who serves as the Registered Ag
entity on Thursday, March 27, 2025.

1442116.06**Michael G. Adams****Secretary of State**

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