



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Company	KLC
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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
ANCHOR INSURANCE GROUP, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is
10215 LINN STATION ROAD **LOUISVILLE** **KY** **40223**
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **KEITH SWISHER**

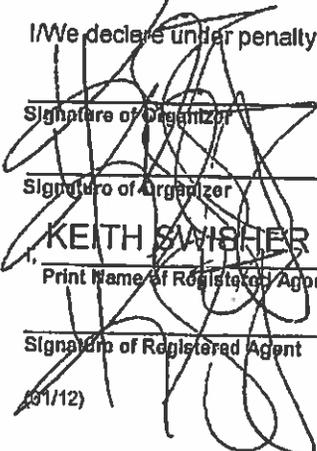
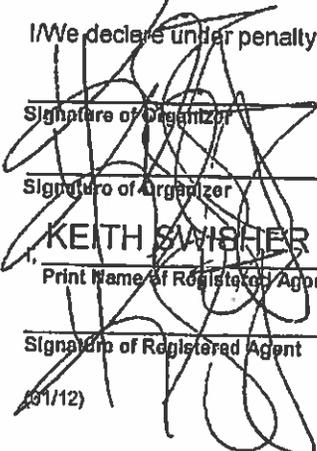
Article III: The mailing address of the limited liability company's initial principal office is
10215 LINN STATION ROAD **LOUISVILLE** **KY** **40223**
Street Address or Post Office Box Number City State Zip Code

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, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

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

	KEITH SWISHER	2/17/16
Signature of Organizer	Printed Name & Title	Date
	KEITH SWISHER	2/17/16
Signature of Organizer	Printed Name & Title	Date
KEITH SWISHER	, consent to serve as the registered agent on behalf of the limited liability company.	
Print Name of Registered Agent	KEITH SWISHER	2/17/16
Signature of Registered Agent	Printed Name	Date