



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
9/28/2023 2:44 PM
Fee Receipt: \$90.00

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

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A – 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:
- | | | |
|--|---|---|
| <input type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association | <input type="checkbox"/> other |
| <input type="checkbox"/> non-profit llc | <input type="checkbox"/> professional service corporation | |

2. The name of the entity is Accretive Individual Choice Insurance Solutions, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

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

5. The date of organization is 07/27/2023 and the period of duration is Perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
CNL Tower I, 450 South Orange Avenue, 4th Floor Orlando FL 32801
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

SEE ATTACHMENT

Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Jori Sawan JORI SAWAN, MANAGER 09/27/2023
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Sean L Emerick SEAN L. EMERICK ASSISTANT SECRETARY 09/27/2023
Signature of Registered Agent Printed Name Title Date



ANDY BESHEAR

GOVERNOR

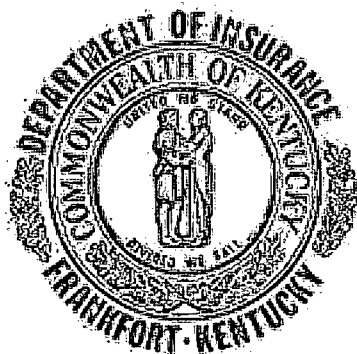
KNOW ALL MEN BY THESE PRESENTS THAT:

**Accretive Individual Choice Insurance Solutions LLC
ORLANDO, FL**

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

NON-RESIDENT AGENT FOR: LIFE AND HEALTH INSURANCE

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.



Sharon P. Clark

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

DOI ID : 1296161 Print Date : 9/12/2023
NPN ID : 20836801

ATTACHMENT FOR Manager's & Member's Of : Accretive Individual Choice Insurance Solutions, LLC

ADDRESS : CNL Tower I, 450 South Orange Avenue, 4th Floor, Orlando, FL 32801

Management Name	Title/Role	Title
Budde, Gerald B.	Officer	Chief Financial Officer
Hammond, Mark	Officer	Executive Vice President & Chief Financial Officer
Henderson, Jim W.	Manager	Manager
Kinnett, II Stanley K.	Officer	Execurtive Vice President, General Counsel & Corporate Secretary
Larsen, Randy	Manager	Manager
Lopez, Daniel	Officer	Treasurer
Muscatello, Steven D.	Officer	Senior Vice President, Deputy General Counsel & Assistant Secretary
Seres, David A.	Officer	Chief Operating Officer
Smith, Sean K.	Manager	Manager
Smith, Sean K.	Officer	Chairman & Chief Executive Officer
Stephens, John	Officer	President
Vredenburg, Paul	Manager	Manager
Wetzler, David C.	Officer	Executive Vice President, Benefits
Whisenant, Lesli	Officer	Senior Vice President