



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

1155831.06

dwiliams  
AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
2/9/2023 1:01 PM  
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Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov


Amended Certificate of Authority  
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☒ profit corporation ☐ nonprofit corporation.  
☐ professional service corporation ☐ business trust  
☐ limited liability company ☐ limited partnership  
☐ professional limited liability company ☐ statutory trust  
☐ limited cooperative association ☐ non-profit LLC  
☐ other
2. The name of the company is: TRI-AD ACTUARIES, INC.  
(The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of CALIFORNIA.
4. The entity received authority to transact business in Kentucky on 06/21/2021.
5. The entity has changed its (check all that apply)
- ☒ Domicile name to TRI-AD ACTUARIES, LLC  
☐ Name to be used in Kentucky to \_\_\_\_\_  
☒ Jurisdiction of organization to DELAWARE  
☐ Period of duration \_\_\_\_\_  
☒ Form of organization LLC  
☒ Management type: ☐ Member managed ☒ Manager managed
6. This application will be effective upon filing.

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

 Tina Boyd VP 02/03/23  
Signature of Authorized Representative Printed Name Title Date