



Kentucky Secretary of State Received and Filed: 8/18/2023 11:26 AM

Michael G. Adams

Fee Receipt: \$90.00

ADD

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718	Certific	ate of Authority	and the second	FBE	
Frankfort, KY 40602		Business Entity)			
(502) 564-3490					
www.sos.ky.gov					
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	- 030 the undersigned hereby a ing statements:	pplies for authority to transact	business in Kentucky on be	ehalf of the entity named below	
1. The entity is a: profit corpora	profit corporation nonprofit corporation		professional limited liability company		
business trus			statutory trust		
Limited partne			public benefit corporation		
non-profit llc		ssional service corporation	other		
2. The name of the entity is		Vave Underwriting Age			
(The r	name must be identical to the	name on record with the Sec	retary of State.)	······································	
3. The name of the entity to be used in the	Kentucky is (if applicable):				
4. The state or country under the set	(O)	nly provide if "real name" is		wise, leave blank.)	
 The state or country under whose law The date of organization is 			Delaware	······································	
		and the period of duration	on is	considered perpetual)	
6. The mailing address of the entity's pr	incipal office is		(in fore brainty duration is	considered perpetual.)	
200 S WACKEF Street Address	R DR STE 950	CHICAGO	<u> </u>	60606	
		City	State	Zip Code	
7. The street address of the entity's regi 828 Lane Allen F	stered office in Kentucky is	Lovington		10504	
Street Address (No P.O. Box Numbers		Lexington City	KYState	40504 Zip Code	
and the name of the registered agent at	that office is		Global Inc.	Zip Code	
			and the second	······································	
8. The names and business addresses			managers, trustees or gen	eral partners):	
Lisa Davis	200 S WACKER DR STE Street or P.O. Box		<u> </u>	60606	
Gregory Alcazar	200 S WACKER DR STE	City E 950 CHICAGO	State IL	Zip Code 60606	
Name	Street or P.O. Box	City	State	Zip Code	
Moya Hayhurst	200 S WACKER DR STE	<u>E 950</u> CHICAGO	IL	60606	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation	e states or territories of the Unite	ot less than one half (1/2) of the ed States or District of Columbi	directors, and all of the off a to render a professional s	icers other than the secretary ervice described in the	
	•				
10. I certify that, as of the date of filing th	is application, the above-named	entity validly exists under the l	aws of the jurisdiction of its	formation.	
11. If a limited partnership, it elects to be	a limited liability limited partners	ship. Check the box if applicat	ole:		
12. If a limited liability company, check	box if manager-managed:]			
13. This application will be effective upon DocuSigned by:	filing.				
Maria Haulinet		Moya Hayhurst Se	sretary 8/11	L/2023	
Signature of Auth 62A9CE827B81430		Printed Name & Title		Date	
I,Cogency Glo	bal Inc.	, consent to serve as the regis	tered agent on behalf of the	a business entity	
Type/Print Name of Registered Agent					
Jaime Torres		aime Torres	Assistant Secretar	y 08/08/2023	
Signature of Registered Agent	Printed Name		tle	<u>y 00/00/2023</u> Date	
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