



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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

Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Safeguard Insurance, LLC

Article II: The number of shares the corporation is authorized to issue is 3

Article III: The street address of the corporation's initial registered office in Kentucky is

1600 Scottsville Rd Suite 100 Bowling Green Ky 42101
Street Address (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Paula Keown

Article IV: The mailing address of the corporation's principal office is

1600 Scottsville Rd Suite 100 Bowling Green, Ky 42101
Street Address or Post Office Box Number City State Zip Code

Article V: The name and mailing address of the incorporator is as follows:

<u>Stephanie McCay</u>	<u>1600 Scottsville Rd Suite 100</u>	<u>Bowling Green, Ky</u>	<u>42104</u>
Name	Street Address or Post Office Box Number	City	State Zip Code
<u>Matthew McCay</u>	<u>1600 Scottsville Rd Suite 100</u>	<u>Bowling Green, Ky</u>	<u>42104</u>
Name	Street Address or Post Office Box Number	City	State Zip Code
<u>Paula Keown</u>	<u>1600 Scottsville Rd Suite 100</u>	<u>Bowling Green, Ky</u>	<u>42101</u>
Name	Street Address or Post Office Box Number	City	State Zip Code

Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

Stephanie McCay Stephanie McCay Owner/agent 9-3-2020
Signature of Incorporator Printed Name Title Date

I, Paula L. Keown, consent to serve as the registered agent on behalf of the corporation.

Paula L. Keown Paula Keown Agent/owner 9/3/2020
Signature of Registered Agent Printed Name Title Date