



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
 Business Filings
 PO Box 718, Frankfort, KY 40602
 (502) 554-3400
 www.sca.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 366 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 : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 366) ☐ limited liability company (KRS 276) ☐ professional limited liability company (KRS 276)
☐ limited partnership (KRS 362) ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)

2. The name of the entity is Westbank Insurance Services, Inc.

(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 West Virginia

5. The date of organization is 08/01/1979

and the period of duration is

(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
329 Pike Street

Street Address

Shinnston

City

WV

State

38431

Zip Code

7. The street address of the entity's registered office in Kentucky is
471 W. Main Street

Street Address (No P.O. Box Numbers)

Louisville

City

KY

State

40202

Zip Code

and the name of the registered agent at that office is James D. Rickard

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

<u>Bruce R. Martin</u>	<u>1359 Earl Core Road</u>	<u>Morgantown</u>	<u>WV</u>	<u>28505</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Robert A. Ice</u>	<u>329 Pike Street</u>	<u>Shinnston</u>	<u>WV</u>	<u>38431</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Todd F. Closem</u>	<u>1 Bank Plaza</u>	<u>Wheeling</u>	<u>WV</u>	<u>26003</u>
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, 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

Please indicate the Kentucky county in which your business operates:

County:

To complete the following, please check the box completely.

Please indicate the size of your business:

☒ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownerships:
☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

☐ Agriculture ☐ Mining ☐ Services ☐ Construction
☐ Wholesale Trade ☐ Retail Trade ☐ Manufacturing ☒ Finance, Insurance, Real Estate
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services
☐ Other

Signature of Authorized Representative

James D. Rickard

Type/Print Name of Registered Agent

Bruce R. Martin, President

Printed Name & Title

08/04/2018

Date

, consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent

(05/17)

James D. Rickard

Printed Name

Agent

Title

08/04/2018

Date