

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organization Limited Liability Company	KLC
PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Company	
Pursuant to KRS 14A and KRS 275	5, the undersigned applies to qualify and for that purpos	se submits the following statemen
Article I: The name of the limited Ii  DILIGENT	ability company is  INSURANCE GROUP LLC	
	limited liability company's initial registered office in Ke	entucky is
190 MADISON SQ	Numbers) City MADISONVIILE	KU 42431
		/
and the name of the initial registere	ed agent at that office is <u>DENNIS</u> RAY Vo	OUNG SR.
Article III: The mailing address of t	the limited liability company's initial principal office is	
P.O. Box 1308 Street Address or Post Office Box Numb	MADISONVIILE	Ky 4243
Street Address or Post Office Box Numb	er City	State Zip Code
Article IV: The limited liability comp	pany is to be managed by (must check one):	
B. its member(s).		
Article V: This application will be e	ffective upon filing, unless a delayed effective date and	d/or time is provided. The effective
date or the delayed effective date of	cannot be prior to the date the application is filed. The	date and/or time is
adio or the delayed emotive date of	and so provide the date the approach to hield. The	(Delayed effective date and/or time)
IWe declare under penalty of perju	my under the laws of the state of Kentucky that the fore	egoing is true and correct.
Signature of Organization	DENNIS R. Young SR Printed Name & Title	Member 6-16-16  Date
Signature of Organizer	Printed Name & Title	Date
Printy R. Young	5R. , consent to serve as the registered agent	t on behalf of the limited liability company.
Dem Gay S	Le Dennis R. Young S	SR 4-16-16
Signature of Registered Agent	Printed Name	Date