



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
 PO 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 Elder Insurance Solutions, LLC.

Article II: The number of shares the corporation is authorized to issue is 100.

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

<u>162 S Buckman</u>	<u>Shepherdsville</u>	<u>KY</u>	<u>40165</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is Michael N. Doyle.

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

<u>PO Box 1337</u>	<u>Shepherdsville</u>	<u>KY</u>	<u>40165</u>
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>Michael N. Doyle</u>	<u>PO Box 1337</u>	<u>Shepherdsville</u>	<u>KY</u>	<u>40165</u>
Name	Street Address or Post Office Box Number	City	State	Zip Code

Name	Street Address or Post Office Box Number	City	State	Zip Code
-------------	---	-------------	--------------	-----------------

Name	Street Address or Post Office Box Number	City	State	Zip Code
-------------	---	-------------	--------------	-----------------

Article VI: 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 _____.

(Delayed effective date and/or time)

Please indicate the county in which your business operates: County: <u>Bullitt</u>	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate

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

	<u>Michael N. Doyle</u>	<u>President</u>	<u>6/7/2018</u>
Signature of Incorporator	Printed Name	Title	Date

I, Michael N. Doyle, consent to serve as the registered agent on behalf of the corporation.

	<u>Michael N. Doyle</u>	<u>President</u>	<u>6/7/2018</u>
Signature of Registered Agent	Printed Name	Title	Date