

**REVIEWED**

By tamsin.wade at 2:55 pm, 7/21/23

**COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE****1296344.09**mmoore  
ADD**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
7/24/2023 10:55 AM  
Fee Receipt: \$90.00**Division of Business Filings**P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)**Certificate of Authority  
(Foreign Business Entity)**

Pursuant to the provisions of KRS 14A – 030 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 ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☐ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ public benefit corporation  
☐ non-profit llc ☐ professional service corporation ☐ other

2. The name of the entity is HDVI 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 DELAWARE

5. The date of organization is 04/22/2019

and the period of duration is

(If left blank, duration is considered perpetual.)

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

1 N. DEARBORN ST, STE 600

CHICAGO

IL

60602

**Street Address****City****State****Zip Code**

7. The street address of the entity's registered office in Kentucky is

828 LANE ALLEN ROAD SUITE 219

LEXINGTON

KY

40504

**Street Address (No P.O. Box Numbers)****City****State****Zip Code**

and the name of the registered agent at that office is INCORPORATING SERVICES, LTD.

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

ADAM BARNETT

1 N DEARBORN ST, STE 600

CHICAGO

IL

60602

**Name****Street or P.O. Box****City****State****Zip Code**

ALYONA SMOKVIN

1 N DEARBORN ST, STE 600

CHICAGO

IL

60602

**Name****Street or P.O. Box****City****State****Zip Code****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.

Adam Barnett, President

07/17/2023

Signature of Authorized Representative

Printed Name &amp; Title

Date

I, INCORPORATING SERVICES, LTD.

Type/Print Name of Registered Agent

ZVEJDANA SIJAN

ASSISTANT SECRETARY

07/17/2023

Signature of Registered Agent

Printed Name

Title

Date