Commonwealth of Kentucky Michael G. Adams, Secretary of St

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Michael G. /.......
KY Secretary of State
Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority

RCA

Pursuant to the provisions of KRS 14A.9 - 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 business entity is a limited liability company.
- 2. The name of the entity is: USA FAMILY PROTECTION INSURANCE SERVICES LLC
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Delaware.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

1450 AMERICAN LANE SUITE 1000 SCHAUMBERG, IL 60173

Registered Agent Name/Address

CT Corporation System 306 W. Main Street, Suite 512 Frankfort, KY 40601

Members/Managers

Member	Neils Keuker	175 King St. Armonk, NY 10504
Member	Jeremy Hewett	175 King St. Armonk, NY 10504
Member	Benjamin Zellner	175 King St. Armonk, NY 10504
Member	Chad Barns	175 King St. Armonk, NY 10504
Member	Kali Marino	175 King St. Armonk, NY 10504

- 6. Benjamin Zellner, VP, Legal Counsel, on 7/17/2024
- 7. I, CT Corporation System, consent to serve as the registered agent on behalf of the this entity on 7/17/2024