

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1377647.06

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 7/10/2024 10:37 AM Fee Receipt: \$90.00

Division of Business Filings	Cartificate of Authority			Fee Receipt: \$90.00
P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the followi		or authority to transact bus	siness in Kentu	cky on behalf of the entity named below
1. The entity is a: profit corpora	tion nonprofit corp	poration	professio	nal limited liability company
	business trust		statutory trust	
limited partne		· · ·		nefit corporation
non-profit llc		service corporation	other	
2. The name of the entity is Willis Towers Watson Special Risk, LLC				
(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 h	Kentucky is (if applicable):			<u>.</u>
		vide if "real name" is una	available for u	se; otherwise, leave blank.)
4. The state or country under whose law	the entity is organized is <u>Delaware</u>		Demetuel	·
5. The date of organization is 06/05/20	<u>J24 a</u>	nd the period of duration i	s Perpetual	iration is considered perpetual.)
6. The mailing address of the entity's pri	ncipal office is	()	i leit blailk, ut	ination is considered perpetual.
26 Century Blvd, Ste 101		Nashville	<u></u> TN	37214
Street Address		City	State	Zip Code
7. The street address of the entity's regist 421 West Main Street		Frankfort	KY	40601
Street Address (No P.O. Box Numbers	5)	City		State Zip Code
and the name of the registered agent at	that office is <u>Corporation Service</u> (Company		;
8. The names and business addresses			anagers, truste	es or general partners):
			NY	
	200 Liberty St, FL6 Street or P.O. Box	New York City	State	<u>10281</u> Zip Code
Derrick Coggin	26 Century Blvd, Ste 101,	Nashville	TN	37214
Name	Street or P.O. Box	City	State	Zip Code
Jennifer Dunmore Adas	233 S Wacker Dr, Willis Tower	¥		60606
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation	e states or territories of the United State	s or District of Columbia t	o render a prof	essional service described in the
10. I certify that, as of the date of filing th		·	_	ction of its formation.
11. If a limited partnership, it elects to be	a limited liability limited partnership. C	heck the box if applicable		
12. If a limited liability company, check	box if manager-managed:			
13. This application will be effective upor	n filing.			
HE CONTRACT	Heathe	er D. B. Naaktgebore	en Secretar	6/20/2024
Signature of Authorized Representative		Printed Name & Title	,	Date
I, Corporation Service Company	, conse	ent to serve as the registe	red agent on b	ehalf of the business entity.
Type/Print Name of Registered Agent	and Class			
- CON	Daniel Yopp		istant Secre	
Signature of Registered Agent	Printed Name	Title	9	Date