



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1315549.06

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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/17/2023 2:38 PM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

## Certificate of Authority

(Foreign Business Entity)

**FBE** 

Fee Receipt: \$90.00

|  | sions of KRS 14A – 030 the und<br>submits the following statemen |                           | applies for authority to transa   | ct business in Kentucky on   | behalf of the entity named belo   |  |
|--|--|---------------------------|-----------------------------------|------------------------------|---|--|
| 1. The entity is a:  | profit corporation   | non                       | profit corporation                | professional lim             | professional limited liability company  |  |
| •  | business trust   | × limit                   | ed liability company              | statutory trust              | statutory trust   |  |
|  | limited partnership  | ited partnership Itd coop |                                   | public benefit corporation   |   |  |
|  | non-profit IIc   | prof                      | essional service corporation      | other                        |   |  |
| 2. The name of the er  | ntity is Global Ag Insurance                                     | Services LLC              | SANCE OF THE PLACE POSITION SERVE |                              |   |  |
| 2. The hame of the en  | (The name must b   | e identical to the        | e name on record with the S       | ecretary of State.)          |   |  |
| 3. The name of the en  | ntity to be used in Kentucky is (                                | if applicable):(          | Only provide if "real name"       | is unavailable for use; oth  | nerwise, leave blank.)  |  |
| 4. The state or countr   | ry under whose law the entity is                                 | organized is Cali         | fornia                            |                              |   |  |
| 5. The date of organization is 7/13/2012   |  |                           | and the period of dura            | ation is                     | 191   |  |
|  |  | •                         |                                   | (If left blank, duration     | is considered perpetual.)   |  |
| 6. The mailing address of the entity's principal office is   |  |                           | Г                                 | CA                           | 03720   |  |
| 45 E. River Park Pl W, Suite 601   |  |                           | Fresno<br>City                    | CA<br>State                  | 93720<br>Zip Code   |  |
| Street Address   |  |                           | City                              | State                        | Zip Code  |  |
| 7. The street address of the entity's registered office in Kentucky is   |  |                           | F 1.C 4                           |                              | 40601   |  |
| 306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers)   |  |                           | Frankfort City                    | KYState                      | 40601<br>Zip Code   |  |
|  | 150  | C.T.C.                    | •                                 | State                        | Zip Code  |  |
| and the name of the r  | egistered agent at that office is                                | C I Corporatio            | on System                         |                              | •   |  |
| 8. The names and bu  | usiness addresses of the entity's                                | representatives (         | secretary, officers and director  | ors, managers, trustees or g | general partners):  |  |
| See Attached   |  |                           |                                   |                              |   |  |
| Name   | Street or P.   | O. Box                    | City                              | State                        | Zip Code  |  |
| Hamo   | ou out of 1.   | o. 20x                    | 5.1,                              |                              |   |  |
| Name   | Street or P.   | O. Box                    | City                              | State                        | Zip Code  |  |
| Name   | Street or P.   | O. Box                    | City                              | State                        | Zip Code  |  |
| and treasurer are lice<br>statement of purposes  | nsed in one or more states or te                                 | erritories of the Un      | ited States or District of Colur  | nbia to render a profession  |   |  |
| anicolonic (1 1 − 200 for 10 0 0 0 0 € 0 0 0 0 0 0 0 0 0 0 0 0 0   | rship, it elects to be a limited lial                            |                           |                                   |                              |   |  |
| en 1995 en 1995 de Campande de 1996 de |  |                           |                                   | icable.                      |   |  |
|  | y company, check box if mana                                     | ager-managed.             | ^                                 |                              |   |  |
| 13. This application w   | vill be effective upon filing.                                   |                           |                                   |                              |   |  |
| Dale   | 1 m Claude   |                           | Karen M. Clausi, Assista          | ant Secretary 10/1           | 3/2023  |  |
| Signature of Authorized  | d Representative   |                           | Printed Name & Title              |                              | Date  |  |
| I, C T Corporation Type/Print Name of R  |  |                           | , consent to serve as the re      | egistered agent on behalf o  | f the business entity.  |  |
| U.S. Commission of the Commiss | poration System  |                           |                                   |                              | ON BOTH BUTTON OF THE STATE OF |  |
| By:  | golf Te  |                           | Stevenson                         | Assistant Secretary          | 10/13/2023  |  |
| Signature of Registered  | ture of Registered Agent Printed Name                            |                           | ame                               | Title                        | Date  |  |

## **ATTACHMENT TO**

## Certificate of Authority Application (Foreign Business Entity)

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

NAME: Eyal Berkowitz

Street Address: 100 Constitution Plaza

City: Hartford

State: CT

Zip Code: 06103

NAME: Christopher Bressette

Street Address: 18 Reflection Drive

City: Sandwich

State: MA

Zip Code: 02563

NAME: Liesel Carvajal

Street Address: 200 Liberty Street

City: New York

State: NY

NAME: Karen Clausi

Street Address: 677 Washington Blvd, 10<sup>th</sup> Floor, Suite 1000

City: Stamford

State: CT

Zip Code: 06901

NAME: Christopher Madigan

Street Address: 100 Constitution Plaza

City: Hartford

State: CT

Zip Code: 06103

NAME: Donna Nadeau

Street Address: 200 Liberty Street

City: New York

State: NY

Zip Code: 10281

NAME: Brandon Roach

Street Address: 45 E. River Park Pl W, Suite 601

City: Fresno

State: CA

NAME: Jordan Roach

Street Address: 45 E. River Park Pl W, Suite 601

City: Fresno

State: CA

Zip Code: 93720

NAME: Titus Roden

Street Address: 100 Constitution Plaza

City: Hartford

State: CT

Zip Code: 06103

NAME: Mary Saljanin

Street Address: 677 Washington Blvd, 10<sup>th</sup> Floor, Suite 1000

City: Stamford

State: CT

Zip Code: 06901

NAME: Joseph Tedesco

Street Address: 100 Constitution Plaza

City: Hartford

State: CT

NAME: Peggy Valihura

Street Address: 505 Eagleview Boulevard, Suite 100

City: Exton

State: PA