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

Amended Certificate of Authority

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below, and for that purpose, submits the following statements:

- 1. The business entity is a limited liability company (KRS 275).
- 2. The name of the business entity is:

DISABILITY INSURANCE SPECIALISTS, LLC

- 3. It is an entity organized and existing under the laws of the state of Connecticut.
- The entity received authority to transact business in Kentucky on 3/31/2000. 4.
- This application will be effective upon filing. 5.
- 5. The entity has changed its

Domicile name to Sutherland Insurance (TPA) LLC

As the authorized representative, I, Joseph Keller, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: Authorized Filer 4/4/2024

P102

0492154

Michael G. Adams

Received and Filed

4/4/2024 11:16:13 AM

FCA

Fee receipt: \$40.00