

APPROVED

JUN 07 2018

SP

FINANCIAL STANDARDS
KY DEPT OF INSURANCE

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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:
- | | | |
|--|--|---|
| <input type="checkbox"/> profit corporation (KRS 271B) | <input type="checkbox"/> nonprofit corporation (KRS 273) | <input type="checkbox"/> professional service corporation (KRS 274) |
| <input type="checkbox"/> business trust (KRS 386) | <input type="checkbox"/> limited liability company (KRS 275) | <input type="checkbox"/> professional limited liability company (KRS 275) |
| <input type="checkbox"/> limited partnership (KRS 362) | <input type="checkbox"/> ltd cooperative assn. (KRS) | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> non-profit llc (KRS 275) | <input type="checkbox"/> cooperative assn. (KRS) | |

2. The name of the entity is Oakridge Equine Insurance

(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 KY

5. The date of organization is 6-7-18

and the period of duration is

(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
112 W High Street

Street Address	<u>Lexington</u>	<u>KY</u>	<u>40507</u>
	City	State	Zip Code

7. The street address of the entity's registered office in Kentucky is
112 W High Street

Street Address (No P.O. Box Numbers)	<u>Lexington</u>	<u>KY</u>	<u>40507</u>
	City	State	Zip Code

and the name of the registered agent at that office is Matthew T Bowling

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

<u>Matthew T Bowling</u>	<u>112 W High Street</u>	<u>Lexington</u>	<u>KY</u>	<u>40511</u>
Name	Street or P.O. Box	City	State	Zip Code

<u>Amy S Bowling</u>	<u>112 W High Street</u>	<u>Lexington</u>	<u>KY</u>	<u>40511</u>
Name	Street or P.O. Box	City	State	Zip Code

<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Name	Street or P.O. Box	City	State	Zip Code

<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
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, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is June 6, 2018

Please indicate the Kentucky county in which your business operates:

County: Fayette

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☒ Small (Fewer than 50 employees)
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input type="checkbox"/> Other | | | |

Signature of Authorized Representative

Matthew T Bowling

Amy Bowling, Member

June 7, 2018

Printed Name & Title

Date

Type/Print Name of Registered Agent

consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent

Matthew T Bowling

owner

June 7, 2018

Printed Name

Title

Date