



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

1257656.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/2/2023 2:20 PM Fee Receipt: \$90.00

Division of Business Filings					
P.O. Box 718 Frankfort, KY 40602	Certificate (Foreign Busin	of Authority ness Entity)		FBE	
502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow	<ul> <li>030 the undersigned hereby applieding statements;</li> </ul>	s for authority to transact b	ousiness in Kentucky	on behalf of the entity name	ed belo
business trust Ilimited li limited partnership		corporation oility company ative association	professional limited liability company statutory trust other		
non-profit lic	rance Holdings, Inc.	al service corporation			
(The	name must be identical to the nam	e on record with the Seci	retary of State.)		
3. The name of the entity to be used in	(Only p	provide if "real name" is u	ınavailable for use	; otherwise, leave blank.)	
3. The state or country under whose land			a is Parnetual		
5. The date of organization is 12/18/20		and the period of duration	(If left blank, dura	ation is considered perpetu	al.)
<ol><li>The mailing address of the entity's p</li><li>399 Park Avenue, Suite 2000</li></ol>	nncipal office is	New York	NY	10022	
Street Address		City	State	Zip Code	
7. The street address of the entity's reg	gistered office in Kentucky is	Frankfort	KY	40601	
306 W. Main Street, Suite 512		City		State Zip Code	е
Street Address (No P.O. Box Number	(S.T. Communition S				
and the name of the registered agent a	t that office is CT Corporation S s of the entity's representatives (secre	etary, officers and directors	, managers, trustees	s or general partners): SEE ATTACHMENT	
	399 Park Avenue 8th Floor	New York	NY	10022	
Julie Murray Name	Street or P.O. Box	City	State	Zip Code 10022	
Name	399 Park Avenue 17th Floor	New York	NY State	Zip Code	
			Jiaco		
Maurice Raymond Greenberg	Street or P.O. Box	City Nav York	NY	10022	
Maurice Raymond Greenberg Name Maurice Raymond Greenberg	Street or P.O. Box 399 Park Avenue 17th Floor	New York City	NY State	Zip Gode	
Maurice Raymond Greenberg	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box , all the individual shareholders, not ke ore states or territories of the United S	New York City	State	Zip Code	secreta he
Maurice Raymond Greenberg  Name Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation and treasurer are licensed in one or many professional service corporation are corporated are c	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box , all the individual shareholders, not lead to ore states or territories of the United son.	New York  City  ess than one half (1/2) of the States or District of Columb	State ne directors, and all obia to render a profes	Zip Code of the officers other than the s ssional service described in the	secreta he
Maurice Raymond Greenberg  Name Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box , all the individual shareholders, not lead to the states or territories of the United son.  this application, the above-named en	New York  City  ess than one half (1/2) of the states or District of Columbiantity validly exists under the	State  ne directors, and all or pola to render a profest e laws of the jurisdict	Zip Code of the officers other than the s ssional service described in the	secreta he
Maurice Raymond Greenberg  Name Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. I certify that, as of the date of filing  11. If a limited partnership, it elects to  12. If a limited liability company, che	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box , all the individual shareholders, not keeper states or territories of the United son.  this application, the above-named ended to be a limited liability limited partnerships ock box if manager-managed:	New York  City  ess than one half (1/2) of the states or District of Columbiantity validly exists under the	State  ne directors, and all or pola to render a profest e laws of the jurisdict	Zip Code of the officers other than the s ssional service described in the	secreta he
Maurice Raymond Greenberg  Name Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. I certify that, as of the date of filing  11. If a limited partnership, it elects to  12. If a limited liability company, che  13. This application will be affective up	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box  , all the individual shareholders, not keeper states or territories of the United son.  I this application, the above-named enter the alimited liability limited partnerships of the united son.  The property of the proper	New York  City  ess than one half (1/2) of the states or District of Columbiantity validly exists under the	State  ne directors, and all or pola to render a profest e laws of the jurisdict	Zip Code of the officers other than the s ssional service described in the tion of its formation.	secreta
Maurice Raymond Greenberg  Name Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. I certify that, as of the date of filing  11. If a limited partnership, it elects to  12. If a limited liability company, che	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box  , all the individual shareholders, not lead to the states or territories of the United son.  I this application, the above-named entire a limited liability limited partnershiped box if manager-managed:	New York  City  ess than one half (1/2) of the States or District of Columbiantity validly exists under the p. Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of the States of Check the Box if application of C	State  ne directors, and all obia to render a professe laws of the jurisdict able:	Zip Code of the officers other than the s ssional service described in the	secreta the
Maurice Raymond Greenberg  Name Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. I certify that, as of the date of filing  11. If a limited partnership, it elects to  12. If a limited liability company, che  13. This application will be affective up	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box  , all the individual shareholders, not lead to the states or territories of the United son.  I this application, the above-named entire a limited liability limited partnershiped box if manager-managed:	New York City ess than one half (1/2) of the States or District of Columbiantity validly exists under the p. Check the box if application of the Murray, Secretary Printed Name & Title	State  ne directors, and all obia to render a professe laws of the jurisdictable:	Zip Code  of the officers other than the sessional service described in the session of its formation.	secreta
Maurice Raymond Greenberg  Name  Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. I certify that, as of the date of filing  11. If a limited partnership, it elects to  12. If a limited liability company, che  13. This application with baseffective under the company of the corporation of Authorized Representative	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box  , all the individual shareholders, not lead to the states or territories of the United son.  I this application, the above-named entire a limited liability limited partnershiped box if manager-managed:	New York City ess than one half (1/2) of the States or District of Columbiantity validly exists under the p. Check the box if application of the Murray, Secretary Printed Name & Title	State  ne directors, and all obia to render a professe laws of the jurisdictable:	Zip Code  of the officers other than the sessional service described in the session of its formation.	secreta the
Maurice Raymond Greenberg  Name  Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. I certify that, as of the date of filing  11. If a limited partnership, it elects to  12. If a limited liability company, che  13. This application will be affective up the formation of the corporation of	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box  , all the individual shareholders, not keeper states or territories of the United son.  I this application, the above-named enter the alimited liability limited partnerships occurred by the point filing.  Ju	New York City ess than one half (1/2) of the States or District of Columbiantity validly exists under the p. Check the box if application of the Murray, Secretary Printed Name & Title	State  ne directors, and all or polar to render a profest e laws of the jurisdict able:	Zip Code  of the officers other than the sessional service described in the session of its formation.  O2/1/2023  Date  Chalf of the business entity.	
Maurice Raymond Greenberg  Name  Maurice Raymond Greenberg  Name  9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. I certify that, as of the date of filing  11. If a limited partnership, it elects to  12. If a limited liability company, che  13. This application will be affective up the first partnership.  Signature of Authorized Representative  C T Corporation System	Street or P.O. Box 399 Park Avenue 17th Floor Street or P.O. Box  , all the individual shareholders, not keeper states or territories of the United son.  I this application, the above-named enter the alimited liability limited partnerships occurred by the point filing.  Ju	New York  City  ass than one half (1/2) of the States or District of Columb  Intity validly exists under the p. Check the box if application of the States of Columb Printed Name & Title Consent to serve as the results.	State  ne directors, and all or professes to render a professes laws of the jurisdict able:	Zip Code  of the officers other than the sessional service described in the session of its formation.	

## Attachment to Kentucky Officers & Directors

Full Name:

John Cunningham

Officer/Director:

Officer

Business Address:

399 Park Avenue 8th Floor

City:

New York

State:

NY

ZIP Code: Full Name: 10022 Michael J. Castelli

Officer/Director:

Officer

Business Address:

3rd Floor 399 Park Avenue

City:

New York

State: ZIP Code: NY

3

10022

Full Name: Officer/Director: John Cunningham

Officer

Business Address:

399 Park Avenue 8th Floor

City:

New York

State:

NY

ZIP Code:

10022

Full Name:

John Duffy

Officer/Director:

Officer

399 Park Avenue

Business Address:

New York

City: State:

NY

10022

ZIP Code:

Nehemiah Ginsburg

Full Name:

Officer

Officer/Director: Business Address:

399 Park Avenue 8th floor

City:

New York

State:

NY

ZIP Code:

10022

Full Name: 6

Nehemiah Ginsburg

Officer/Director:

Officer

Business Address:

399 Park Avenue 8th floor

City:

New York

State:

NY

ZIP Code:

10022 Lizelle Pell

Full Name:

Officer

Officer/Director:

Business Address:

399 Park Avenue

City:

New York

State:

NY

ZIP Code:

10022

Full Name: 8

Gary Muoio

Officer/Director:

Officer

Business Address:

City:

Officer/Director:

City:

Business Address:

State: ZIP Code: Full Name: John Harte 9 Officer Officer/Director: Business Address: City: State: ZIP Code: Steven G. Blakey 10 Full Name: Officer Officer/Director: 399 Park Avenue, 2nd Floor Business Address: New York City: NY State: 10022 ZIP Code: Steven G. Blakey 11 Full Name: Officer Officer/Director: 399 Park Avenue, 2nd Floor Business Address: New York City: NY State: 10022 ZIP Code: Howard Ian Smith 12 Full Name: Director Officer/Director: 399 Park Avenue 17th Floor Business Address: New York City: NY State: 10022 ZIP Code: Howard Ian Smith 13 Full Name: Officer Officer/Director: 399 Park Avenue 17th Floor Business Address: New York City: NY State: 10022 ZIP Code: Shahid Shifteh 14 Full Name: Officer Officer/Director: Business Address: City: State: ZIP Code: Jeffrey Greenberg 15 Full Name: Director Officer/Director: 535 Madison Avenue Business Address: New York City: NY State: 10022 ZIP Code: Steven G. Blakey 16 Full Name:

Director

New York

399 Park Avenue, 2nd Floor

State:

NY

ZIP Code:

10022

17 Full Name:

Nehemiah Ginsburg

Officer/Director:

Officer

Business Address:

399 Park Avenue 8th floor

City:

New York NY

State: ZIP Code:

10022

18 Full Name:

Michael J. Castelli

Officer/Director:

Officer

Business Address:

3rd Floor 399 Park Avenue

City:

New York

State:

NY

ZIP Code:

10022

19 Full Name:

John Laubach

Officer/Director:

Officer

Business Address:

City:

01.1

State:

ZIP Code:

Roger W. Dinella

20 Full Name:

Officer

Officer/Director: Business Address:

399 Park Avenue 8th Floor

City:

New York

State:

NY

ZIP Code:

10022