

REVIEWED

By tamsin.wade at 4:32 pm, 3/8/23

**COMMONWEALTH OF KENTUCKY**
MICHAEL ADAMS, SECRETARY OF STATE**0459162.06**mmoore
AMD**Michael G. Adams**
Kentucky Secretary of State
Received and Filed:
3/9/2023 10:23 AM
Fee Receipt: \$40.00**Division of Business Filings**P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov**Amended Certificate of Authority**
(Foreign Business Entity)**FCA**

Pursuant to the provisions of KRS Chapter KRS 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: ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273).
☐ professional service corporation (KRS 274). ☐ business trust (KRS 386).
☐ limited liability company (KRS 275). ☐ limited partnership (KRS 362).
☐ professional limited liability company (KRS 275) ☐ statutory trust (KRS 386)
☐ limited cooperative association ☐ non-profit LLC (KRS 275).
☐ cooperative association
2. The name of the company is: McGriff Insurance Services, Inc.
(The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of North Carolina.
4. The entity received authority to transact business in Kentucky on 07/10/1998.
5. The entity has changed its (check all that apply)
- ☒ Domicile name to McGriff Insurance Services, LLC
- ☒ Name to be used in Kentucky to McGriff Insurance Services, LLC
- ☐ Jurisdiction of organization to _____
- ☐ Period of duration _____
- ☒ Form of organization Limited Liability Company
- ☒ Management type: ☒ Member managed ☐ Manager managed
6. 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 effective date is _____.

Please indicate the county in which your business operates:

County: _____

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:

☐ Agriculture☐ Mining☐ Services☐ Construction☐ Wholesale Trade☐ Retail Trade☐ Manufacturing☐ Finance, Insurance, Real Estate☐ Public Administration☐ Transportation, Communications, Electric, Gas, Sanitary Services☐ Other

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Authorized RepresentativeJennifer Hiester
Printed NameAttorney In Fact
Title3/3/23
Date