



**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

Articles of Organization  
 Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is  
**KENTUCKY-BRED INSURANCE LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
**3517 CANTERBURY DRIVE**                      **LOUISVILLE**    **KY**                      **40299**  
 Street Address Only (No Post Office Box Numbers)                      City                      State                      Zip Code

and the name of the initial registered agent at that office is **MATTHEW CARROLL**

Article III: The mailing address of the limited liability company's initial principal office is  
**3517 CANTERBURY DRIVE**                      **LOUISVILLE**    **KY**                      **40299**  
 Street Address or Post Office Box Number                      City                      State                      Zip Code

Article IV: The limited liability company is to be managed by (must check one):

A. a manager(s).

B. its member(s).

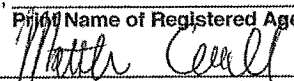
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
 (Delayed effective date and/or time)

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

                      **STEPHEN R CUSTER**                      11/15/2016  
 Signature of Organizer                      Printed Name & Title                      Date

Signature of Organizer                      Printed Name & Title                      Date

I, **MATTHEW CARROLL**, consent to serve as the registered agent on behalf of the limited liability company.

                      **MATTHEW CARROLL**                      11/15/16  
 Printed Name of Registered Agent                      Signature of Registered Agent                      Printed Name                      Date