

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 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 business entity is a **limited liability company**.
2. The name of the entity is: **VERUS CLAIMS MANAGEMENT LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **2/8/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

703 East Main Street
Lexington, KY 40502

8. Required Representatives

Member	Nicole Pidcoe	701 East Main Street	Lexington	KY	40502
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9. Registered Agent/Office

Paracorp Incorporated
828 Lane Allen Road #219
Lexington, KY 40504

I, **Daniel Steigert**, consent to sign for **Paracorp Incorporated** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, July 11, 2023

As the Authorized Representative, I, **Nicole Pidcoe**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Head of Claims**