



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

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

**Articles of Incorporation**  
**Profit Corporation**

**PAI**

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is First Insurance Benefits Inc

Article II: The number of shares the corporation is authorized to issue is 100

Article III: The street address of the corporation's initial registered office in Kentucky is

|  |                 |              |                 |
|--|-----------------|--------------|-----------------|
| <u>2520 South Highway 27</u>                       | <u>Somerset</u> | <u>KY</u>    | <u>42501</u>    |
| <b>Street Address (No Post Office Box Numbers)</b> | <b>City</b>     | <b>State</b> | <b>Zip Code</b> |

and the name of the initial registered agent at that office is Danny A Patterson

Article IV: The mailing address of the corporation's principal office is

|   |                 |              |                 |
|---|-----------------|--------------|-----------------|
| <u>2520 South Highway 27</u>                    | <u>Somerset</u> | <u>KY</u>    | <u>42501</u>    |
| <b>Street Address or Post Office Box Number</b> | <b>City</b>     | <b>State</b> | <b>Zip Code</b> |

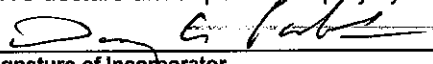
Article V: The name and mailing address of the incorporator is as follows:

|                            |   |                 |              |                 |
|----------------------------|---|-----------------|--------------|-----------------|
| <u>Danny A Patterson</u>   | <u>2520 South Highway 27</u>                    | <u>Somerset</u> | <u>KY</u>    | <u>42501</u>    |
| <b>Name</b>                | <b>Street Address or Post Office Box Number</b> | <b>City</b>     | <b>State</b> | <b>Zip Code</b> |
| <u>Barbara A Patterson</u> | <u>2520 S Highway 27</u>                        | <u>Somerset</u> | <u>KY</u>    | <u>42501</u>    |
| <b>Name</b>                | <b>Street Address or Post Office Box Number</b> | <b>City</b>     | <b>State</b> | <b>Zip Code</b> |
| <u>Robert Alan Bays</u>    | <u>2520 S Highway 27</u>                        | <u>Somerset</u> | <u>KY</u>    | <u>42501</u>    |
| <b>Name</b>                | <b>Street Address or Post Office Box Number</b> | <b>City</b>     | <b>State</b> | <b>Zip Code</b> |

Article VI: This application will be effective upon filing.

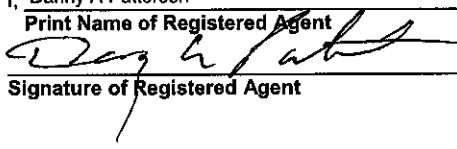
Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

|   |                          |                  |                 |
|---|--------------------------|------------------|-----------------|
|  | <u>Danny A Patterson</u> | <u>President</u> | <u>12/22/21</u> |
| <b>Signature of Incorporator</b>  | <b>Printed Name</b>      | <b>Title</b>     | <b>Date</b>     |

I, Danny A Patterson, consent to serve as the registered agent on behalf of the corporation.

**Print Name of Registered Agent**

|  |                          |                  |                 |
|--|--------------------------|------------------|-----------------|
|  | <u>Danny A Patterson</u> | <u>President</u> | <u>12/22/21</u> |
| <b>Signature of Registered Agent</b>   | <b>Printed Name</b>      | <b>Title</b>     | <b>Date</b>     |