

**ARTICLES OF ORGANIZATION OF
FARMER INSURANCE GROUP, LLC**

The undersigned, **HEATH FARMER**, executes these Articles of Organization for the purpose of forming and does hereby form a limited liability company under the laws of the Commonwealth of Kentucky in accordance with the following provisions.

ARTICLE I

Name

The name of the limited liability company is **FARMER INSURANCE GROUP, LLC**.

ARTICLE II

Initial Principal Office

The mailing address of the initial principal office of the limited liability company in the Commonwealth of Kentucky is 4118 Shady Hollow Lane, Henderson, Kentucky 42420

ARTICLE III

Initial Registered Office and Registered Agent

The street address of the initial registered office of the limited liability company in the Commonwealth of Kentucky is 4118 Shady Hollow Lane, Henderson, Kentucky 42420. The initial registered agent at that address is **HEATH FARMER**.

ARTICLE IV

Management

The affairs of the limited liability company are to be managed by its manager.

ARTICLE V

Members

The limited liability company has one member, **HEATH FARMER**.

ARTICLE VI

Duration

The limited liability company has a duration of sixty (60) years or until dissolution of the company according to law.

IN TESTIMONY WHEREOF, witness the hand of the undersigned this the ____ day of _____, 2022.

HEATH FARMER

CONSENT OF REGISTERED AGENT

The undersigned hereby consents to serve as the initial registered agent for **FARMER INSURANCE GROUP, LLC**, this the ____ day of _____, 2022.

HEATH FARMER

STATE OF KENTUCKY
COUNTY OF HENDERSON

The foregoing was subscribed, sworn to and acknowledged before me by **HEATH FARMER**, this the ____ day of _____, 2022.

My commission expires _____.

Notary Public
Notary Public ID No. _____

This instrument was prepared by

DORSEY, GRAY, NORMENT & HOPGOOD
318 Second Street
Henderson, KY 42420