

Organization ID # 0914773

State of origin KY

Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

# Commonwealth of Kentucky

0914773.06

amcray  
LRPF

Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
5/1/2017 12:24 PM  
Fee Receipt: \$130.00

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

## Reinstatement Application and Reinstatement Annual Report For the years 2016 through 2017

### Exact limited liability company name and principal office address

INSURANCE NETWORK OF KENTUCKY, LLC  
3760 POLO CLUB BLVD.  
LEXINGTON KY 40509

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

### Registered Agent and Registered Office Address

THOMAS SACCA  
3760 POLO CLUB BLVD.  
LEXINGTON, KY 40509

### FEIN (Optional)

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: 47-3193192 Name: Insurance Network of Kentucky

**Members** - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

The above entity was administratively dissolved on October 1, 2016 because the entity did not file its annual report for the year 2016. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to INSURANCE NETWORK OF KENTUCKY, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X

Signature of member or manager (Required)

Title (Required)

Date (Required)



**DANIEL P. BORK**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

April 28, 2017

**INSURANCE NETWORK OF KENTUCKY, LLC  
305 GERI LN  
STE C  
RICHMOND, KY. 40475**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **INSURANCE NETWORK OF KENTUCKY, LLC** has filed Kentucky Income Tax Returns through the tax year ended 2015, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

John REV3858, Revenue Auditor I  
Division of Corporation Tax  
501 High Street, Mail Sta. 69  
Frankfort, KY 40601  
502-564-2099  
FAX# 502-564-3392

Kentucky Secretary of State organization number 0914773