



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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1/3/2024 9:43 AM
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Division of Business Filings
P.O. 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:

Welcome Home Insurance Agency, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

673 Crowley Lane

Madisonville

Kentucky

42431

Street Address Only (No Post Office Box Numbers)

City

State

Zip Code

and the name of the initial registered agent at that office is Anthony W Brown

Article III: The mailing address of the limited liability company's initial principal office is:

673 Crowley Lane

Madisonville

Kentucky

42431

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):

☐
☒

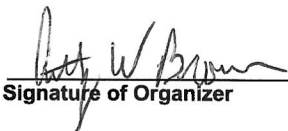
A. a manager(s).

B. its member(s).

Article V: This application will be effective upon filing.

☒ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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


Signature of Organizer

Anthony W. Brown, Member

Printed Name & Title

January 2, 2023

Date

Signature of Organizer

Printed Name & Title

Date

I, Anthony W. Brown

Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

Anthony W. Brown

Printed Name

January 2, 2023

Date

Signature of Registered Agent



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Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is

- ☐ a corporation (KRS 271B, KRS 273 or KRS 274)
☒ a limited liability company (KRS 275)
☐ a limited partnership (KRS 362)
☐ a limited liability partnership (KRS 362)
☐ a business trust (KRS 386)

2. The name of the business entity is Welcome Home Insurance Agency, LLC

3. The state or country of incorporation, organization or formation is Kentucky

4. The name of the initial registered agent is Anthony W. Brown

5. The street address of the registered office address in Kentucky is:

673 Crowley Lane

Madisonville Kentucky

42431

Street Address (No Post Office Box Number)

City

State

Zip Code

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.



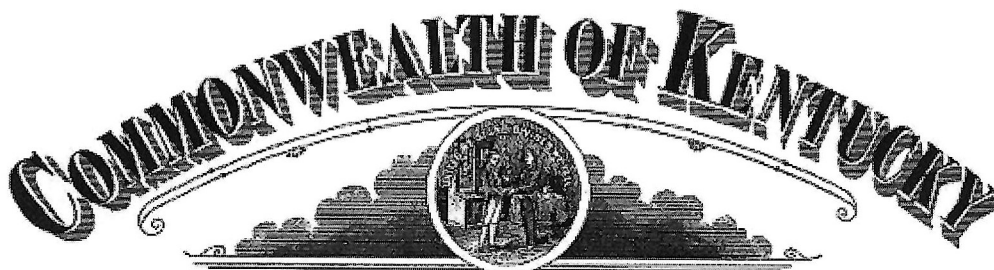
Signature of Registered Agent

Anthony W. Brown

Printed Name

Member

Title



ANDY BESHEAR

GOVERNOR

KNOW ALL MEN BY THESE PRESENTS THAT:

Anthony Wayne Brown

MADISONVILLE, KY

having complied with the necessary provisions of the Insurance Laws of Kentucky, and having produced evidence satisfactory to the Commissioner of Insurance thereof, is hereby granted a license as:

RESIDENT AGENT FOR:

LIFE AND HEALTH INSURANCE

and may perform and act as such, subject to the obligations and limitations imposed thereon, by law, for a period beginning on the date of issue herein, and to continue in force as long as the licensee is entitled thereto, under this Code, or until suspension, or revocation, by the Commissioner of Insurance.



Sharon P. Clark

Commissioner

This Commonwealth of Kentucky license certificate loses its authority upon any expiration, suspension, revocation, or termination of insurance license.

DOI ID : 784141

Print Date : 12/6/2023

NPN ID : 16684594

**CERTIFICATE OF INSURANCE**

NOTICE: THIS IS TO CERTIFY THAT THE INSURED LISTED BELOW IS COVERED UNDER THE POLICY OF INSURANCE LISTED BELOW, FOR THE CERTIFICATE PERIOD INDICATED. This insurance provides professional liability (E&O) insurance coverage for properly licensed individual insurance agents and insurance consultants. It is written on a "claims-made and reported" basis and applies only to "written claims" first made against an insured and reported to the Insurer during the Named Insured's Certificate Period. No coverage exists for claims first made or reported after the Named Insured's Certificate Period unless an extended reporting period applies. (For those Named Insureds who are residents of or practice in New York State, no coverage exists for claims first made or reported after the end of the coverage relationship unless an Extended Reporting Period applies.) Defense costs reduce the Limits of Liability and are subject to the Retention. Please review the policy carefully and discuss the coverage with your insurance agent or broker.

NAMED INSURED:

Anthony W Brown
673 Crowley Ln
Madisonville, KY 42431

PRODUCER:

Jason Rogers CA License #:
0K64122
NAPA
8430 Enterprise Circle, Suite 200
Lakewood Ranch, FL 34202

COMPANY AFFORDING COVERAGE: Continental Casualty Company

COVERAGE: THIS IS TO CERTIFY THAT THE INSURED LISTED ABOVE IS COVERED UNDER THE POLICY OF INSURANCE LISTED BELOW, FOR THE CERTIFICATE PERIOD INDICATED. THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY.

Policy Number	Certificate Period		Limits of Liability
596427449	1/01/2024	01/01/2025	\$1 Million per claim / \$3 Million annual aggregate

COVERAGE:**RETENTION AMOUNT: Each Claim**

Life, LTC, Accident, and Health	\$0
Medicare Advantage and Medicare Supplemental	\$0
Disability Income Insurance	\$0
Indexed Annuities/Fixed Annuities (if purchased)	Not Purchased
Variable Annuities (if purchased)	Not Purchased
Mutual Funds (if purchased)	Not Purchased

NOTICE OF CLAIMS:

Life Agent Intake Notice Administrator, CNA
CNA - Specialty Claim
PO Box 8317, Chicago IL 60680-8317
or via email: SpecialtyProNewLoss@cna.com

SPECIAL PROVISIONS:

For any service related inquiries please:
Call NAPA at (800) 593-7657
Visit www.napa-benefits.org
Or email info@napa-benefits.org



Named Insured's Endorsement attached at Certificate Inception:

DATE: 12/14/2023

By Authorized Representative:

Coverage: This certificate of insurance is not a contract of insurance. It is merely evidence of insurance provided under a Master Policy. Covered claims are paid in accordance with the terms of the Master Policy. Coverage is provided based on representations made on the Named Insured's Application for Insurance. No coverage exists if the representations made on the Named Insured's Application for Insurance are discovered to be false. Failure to provide true and accurate responses to any of the questions on the Application for Insurance will result in the immediate voiding of the insurance coverage issued and/or the denial of claims asserted against the Named Insured. Coverage is in-force only if premium payments are current. A Policy Aggregate of \$50,000,000 applies under the Master Policy except with respect to those Named Insureds who are resident of or practice in New York State. A complete copy of the policy is available at www.napa-benefits.org/nd. This certificate of insurance does not amend, extend, or alter the coverage afforded by the insurance policy, and coverage is subject to all of the terms, conditions and exclusions of the policy.