

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718

Articles of Organization

KLC

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Company		N20
Pursuant to KRS 14A and KRS 2	275, the undersigned applies to qualify and for that purp	ose submits the fol	lowing statements:
Article I: The name of the limited	l liability company is: Wallace Insurance Group, L	LC	
Article II: The street address of	the limited liability company's initial registered office in K	Cantucky is:	
1422 US Hwy 68 Suite G	Maysville	Kentucky	41056
Street Address Only (No Post Office E	ox Numbers) City	State	Zip Code
and the name of the initial registe	ered agent at that office isJeffrey T. Frebis Wallac	ce	
Article III: The mailing address of	of the limited liability company's initial principal office is:		
1422 US Hwy 68 Suite G	Maysville	Kentucky	41056
Street Address or Post Office Box Nu	mber City	State	Zip Code
Article V: This application will be If checked, this business i instructions).	e effective upon filing. s veteran-owned as defined by KRS 14A.2-070(45) for	the purposes of 14 <i>i</i>	A.2-165 (see filing
I declare under penalty of perjury	under the laws of the state of Kentucky that the foregoi	ing is true and corre	ect.
Signature of Organizer	Jeffrey T. Frebis Walla		10/07/01
	Vallace, consent to serve as the registered agei		d liability company.
Signature of Registered Agent	Jeffrey T. Frebis Walla	ace 10/6	27/21
or regional rigetit	r iliteu Naille	Date	