



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

Statement of Qualification
(Domestic Limited Liability Partnership)

KNL

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned partnership submits the following statement:

1. Name of the partnership electing to be a limited liability partnership is:

Signature Insurance Group, LLP

2. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

3. The mailing address of principal office of the limited liability partnership is:

3131 Custer Dr. Unit 7	Lexington	KY	40517
Street Address or Post Office Box Numbers	City	State	Zip Code

4. The mailing address/chief executive office of any partnership office in Kentucky (if any) is:

3131 Custer Dr. Unit 7	Lexington	KY	40517
Street Address or Post Office Box Numbers	City	State	Zip Code

5. The street address of the partnership's initial registered office in Kentucky is:

3131 Custer Dr. Unit 7	Lexington	KY	40517
Street Address (No Post Office Box Numbers)	City	State	Zip Code

6. The name of the initial registered agent at that office is:

James Eric Adams

7. The above partnership elects to be a limited liability partnership.

8. The partnership previously filed a Statement of Authority with the Secretary of State on 12/10/2020
Date

9. This application will be effective upon filing.

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

<u>William T. Ferrell</u>	<u>12/10/2020</u>		Signature of Partner
Printed Name	Date		

<u>Zachary L. Doyle</u>	<u>12/10/2020</u>		Signature of Partner
Printed Name	Date		

I, James Eric Adams, consent to serve as the registered agent on behalf of the limited liability partnership.

	<u>JAMES ERIC ADAMS</u>	<u>12/10/20</u>
Signature of Registered Agent	Printed Name	Date