

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Articles of Organization Limited Liability Company	KLC
PO Box 718 Frankfort, KY 40602	Limited Liability Company	
(502) 564-3490		
www.sos.ky.gov		
Pursuant to KRS 14A and KRS 2	[275, the undersigned applies to qualify and for that purpose	submits the following statemen
Article I: The name of the limited	d liability company is	
DILIGENT	INSURANCE GROUP, LLC	
Article II: The street address of	the limited liability company's initial registered office in Kentu	ucky is
190 MADISON SO Street Address Only (No Post Office E	QUARE DR. STE C NIADISONVIIIE Sta	4243) Zip Code
	ered agent at that office is Dewwis Ray Young	
	of the limited liability company's initial principal office is	
190 MADISON S	QUARE DR. STEC MADISON VIILE	KU 4243
Street Address or Post Office Box Nu	mber City Sta	zip Code
Article IV: The limited liability co	mpany is to be managed by (must check one):	
A. a manager(s).		
B. its member(s).		
Article V: This application will be	e effective upon filing, unless a delayed effective date and/or	time is provided. The effective
date or the delayed effective data	e cannot be prior to the date the application is filed. The dat	e and/or time is
sale of the delayed effective date	o darmot be prior to the date the application is lined. The dat	(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of the state of Kentucky that the foregoi	ing is true and correct.
1/2 and for So	Dennis R. I bung SR. Printed Name & Title	6-17-16
lightature of Organizer	Printed Name & Title	Date
Signature of Organizer	Printed Name & Title	Date
DENNIS R. Young Print Name of Registered Agent	S.R. , consent to serve as the registered agent on	behalf of the limited liability company.
Print Name of Registered Agent		
Signature of Registered Agent	Printed Name	Q - / / - / 9
(01/12)		