

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	Certificate (Foreign Busin	of Authority ness Entity)		FBE	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		for authority to transact bus	iness in Kentucky o	n behalf of the entity named below	
The entity is a:	ation nonprofit cost	nonprofit corporation limited liability company ltd cooperative association professional service corporation Itd cooperative association			
2. The name of the entity is Cover Whale	e Insurance Solutions Inc. name must be identical to the name	on record with the Secret	ary of State)	·	
3. The name of the entity to be used in	Kentucky is (if applicable):	rovide if "real name" is una		herwise, leave blank.)	
4. The state or country under whose la				·	
5. The date of organization is 02/22/2019	9	_and the period of duration is		n is considered perpetual.)	
6. The mailing address of the entity's p	rincipal office is	(II	i leit bialik, duradoi	r is considered perpetual.)	
30211 Ave De Las Banderas, Suite 200		Rancho Santa Margarita	CA	92688	
Street Address 7. The street address of the entity's reg	gistered office in Kentucky is	City	State	Zip Code	
212 N. 2nd Street, STE 100		Richmond	KY State	40475	
Street Address (No P.O. Box Number	•	City	Stat	e Zip Code	
and the name of the registered agent at	that office is Registered Agents Inc.				
8. The names and business addresses	of the entity's representatives (secreta	ary, officers and directors, ma	anagers, trustees or	general partners):	
Daniel Abrahamsen	30211 Ave De Las Banderas, Suite 200	Rancho Santa Margarita	CA	92688	
Name	Street or P.O. Box	City	State	Zip Code	
Kevin Abramson	30211 Ave De Las Banderas, Suite 200	Rancho Santa Margarita	CA	92688	
Name	Street or P.O. Box	City	State	Zip Code	
Name	30211 Ave De Las Banderas, Suite 200 Street or P.O. Box	Rancho Santa Margarita City	State	92688 Zip Code	
9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio	re states or territories of the United Sta				
10. I certify that, as of the date of filing t				of its formation.	
11. If a limited partnership, it elects to b	e a limited liability limited partnership.	Check the box if applicable:	: 📙		
12. If a limited liability company, chec	k box if manager-managed:				
13. This application will be effective upon			11	-10-2021	
Donie I Inches	Daniel	Abrahamsen, Secretary			
Signature of Authorized Representative		Printed Name & Title		Date	
I, Bill Havre of Registered Agents Inc. Type/Print Name of Registered Agent	, cor,	, consent to serve as the registered agent on behalf of the business entity.			
Kill Name	Bill Havre	Assis	tant Secretary	11-8-21	
Signature of Registered Agent	Printed Name	Title	•	Date	

#8. The names and business addresses of the entity's representatives - **CONTINUED**

Giancarlo Stanton, 30211 Ave De Las Banderas, Suite 200, Rancho Santa Margarita, CA 92688

Joseph Leary, 30211 Ave De Las Banderas, Suite 200, Rancho Santa Margarita, CA 92688

Ryan Scheinfeld, 30211 Ave De Las Banderas, Suite 200, Rancho Santa Margarita, CA 92688