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Michael G. Adams
Kentucky Secretary of State
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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

Registration or Renewal of Entity Name
(Foreign Business Entity)

REG

NOTICE: This registration only reserves a name for future use. It does not authorize the entity to do business in Kentucky. To do that, you must submit an Application for Certificate of Authority.

Pursuant to the provisions of KRS 14A.3-030, the undersigned applies for registration or renewal and, for that purpose, submits the following statements:

1. The entity is a: ☐ profit corporation ☐ nonprofit corporation
☐ professional service corporation ☐ business trust
☒ limited liability company ☐ limited partnership
☐ professional limited liability company ☐ statutory trust
☐ limited cooperative association ☐ non-profit limited liability company
☐ cooperative association ☐ limited liability partnership
☐ other

2. The activity request is:

- ☒ Registration
☐ Renewal

3. The name of the entity is Home Group Insurance, LLC

4. The state or country of organization is Kentucky

5. The date of organization is 2-19-2024

6. The mailing address of the entity is
100 Chase Way Ste 4 Elizabethtown KY 42701
Street Address or Post Office Box Numbers City State Zip Code

7. The nature of the business of the entity is insurance producer

8. This application will be effective upon filing.

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

Tracy Holtzclaw Tracy Holtzclaw partner 2-20-24
Signature of Authorized Agent Printed Name Title Date

FILING INSTRUCTIONS
REGISTRATION OR RENEWAL OF ENTITY NAME

NOTICE: This registration only reserves a name for future use. It does not authorize the entity to do business in Kentucky. To do that, you must submit an Application for Certificate of Authority.

TYPE OF FORMATION

The entity must indicate if it is a corporation (KRS 271B), a nonprofit corporation (KRS 273), a professional service corporation (KRS 274), a business trust (KRS 386), a limited liability company (KRS 275) or a limited partnership (KRS 362) by checking the appropriate box.

REGISTRATION OR RENEWAL

If the entity is applying for renewal of registration of company name, check appropriate block. Please note: A registered name is effective when filed with the Secretary of State and expires on December 31st of the same year. A registered name may be renewed for successive years between October 1st and December 31st of the preceding year. When the renewal is effective, it renews the entity name registration for the following calendar year.

DATE OF FORMATION

The date of formation is the date the entity was organized in the state or country of its organization.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

NATURE OF BUSINESS

The entity must give a brief description of the nature of the business in which it is engaged.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document may be signed by the chairman of the board, president, officer, manager, member general partner, trustee or authorized representative.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee for this document is \$36.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.