



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
2/26/2025 2:24 PM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☒ profit corporation
professional service corporation
limited liability company
professional limited liability company
limited cooperative association
other
nonprofit corporation.
business trust
limited partnership
statutory trust
non-profit LLC
2. The name of the company is: GREAT POINT INSURANCE SERVICES, INC.
(The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of Connecticut.
4. The entity received authority to transact business in Kentucky on 04/05/2005.
5. The entity has changed its (check all that apply)
Domicile name to Great Point Insurance Services, LLC
☒ Name to be used in Kentucky to _____
☒ Jurisdiction of organization to Delaware
Period of duration _____
☒ Form of organization Limited Liability Company
Management type: ☐ Member managed ☒ Manager managed
6. This application will be effective upon filing.

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

Donna L. Hargrove DONNA L. HARGROVE Secretary 02/06/2025
Signature of Authorized Representative Printed Name Title Date