



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Certificate of Authority  
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)  
☐ business trust (KRS 386). ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)
2. The name of the entity is Ally Insurance Solutions Co.  
(The name must be identical to the name on record with the Secretary of State.)
3. 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.)
4. The state or country under whose law the entity is organized is Delaware
5. The date of organization is 05/10/2018 and the period of duration is perpetual  
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
1137 Forrest St Louisville KY 40217  
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
1137 Forrest St Louisville KY 40217  
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Jonathan Vanderford

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Jonathan Vanderford</u>	<u>1137 Forrest St</u>	<u>Louisville</u>	<u>KY</u>	<u>40217</u>
Name	Street or P.O. Box	City	State	Zip Code
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Name	Street or P.O. Box	City	State	Zip Code
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_.

Please indicate the Kentucky county in which your business operates: County: <u>Jefferson</u>	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input checked="" type="checkbox"/> Public Administration <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Construction

<u>Jonathan Vanderford</u>	Jonathan Vanderford, CEO	5/15/2018
Signature of Authorized Representative	Printed Name & Title	Date
I, <u>Jonathan Vanderford</u>	consent to serve as the registered agent on behalf of the business entity.	
Type/Print Name of Registered Agent		
<u>Jonathan Vanderford</u>	Jonathan Vanderford	5/15/2018
Signature of Registered Agent	Printed Name	Date

(05/17)

# Delaware

The First State

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*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLY INSURANCE SOLUTIONS CO." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2018.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLY INSURANCE SOLUTIONS CO." WAS INCORPORATED ON THE TENTH DAY OF MAY, A.D. 2018.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.*



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

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SR# 20183778505

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202696814

Date: 05-15-18