

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings

Articles of Incorporation

PAI

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Prof	it Corporation				
Pursuant to KRS 14A an	d KRS 271B, the	undersigned applies to	qualify and for	that purpos	e submits the fo	bllowing statements:
Article I: The name of th	e corporation is E	nglish Insurance G	roup, Inc.			
Article II: The number of						
Article III: The street add						
t6009 Brownsboro Park Blvd, Suite F				Louisville	Ку	40207
Street Address (No Post Office Box Numbers)				City	State	Zip Code
and the name of the initia	al registered agent	at that office is Robert	English			
Article IV: The mailing a	ddress of the corp	oration's principal office	is			20
6009 Brownsboro Park Blvd, Suite F				Louisville	ку	40207
Street Address or Post Office Box Number				City	State	Zip Code
Article V: The name and			follows:			
	6009 Brownsboro Park Blvd, Suite F Street Address or Post Office Box Number			Louisville City	Ky State	40207
Truine (officer Address of Fos	ot Office Dox Number		City	State	Zip Code
Name :	Street Address or Pos	st Office Box Number		City	State	Zip Code
Name	Street Address or Pos	st Office Box Number		City	State	Zip Code
Article VI: This application	n will be effective u	upon filing.				
Article VII: If check	ed, this business i	s veteran-owned as def	fined by KRS 1	4A.2-070(4	5) and 14A.2-16	5 (see instructions).
I/We declare under penal	ty of perjury under	r the laws of the state of	f Kentucky tha President	t the foregoi	•	orrect. 19-21
Signature of Incorporator	. ,	Printed Name	Title		Da	te
Robert English			. consent t	o serve as the i	registered agent on	behalf of the corporation
Print Name of Registered A	gent		, 00/100/11 1		og.c.oroa agorii on	_
Kow// Cas	/ hg	Robert English	President		7	1-19-21
Signature of Registered Agen	t	Printed Name	Title		Da	te