



**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

**Articles of Incorporation**  
**Profit Corporation**

**PAI**

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is LAKE CUMBERLAND INSURANCE SERVICES, INC.

Article II: The number of shares the corporation is authorized to issue is 1000

Article III: The street address of the corporation's initial registered office in Kentucky is  
1433 NELSON VALLEY RD SCIENCE HILL KY 42553  
 Street Address (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is JOSEPH D. CRAWFORD

Article IV: The mailing address of the corporation's principal office is  
1433 NELSON VALLEY RD SCIENCE HILL KY 42553  
 Street Address or Post Office Box Number City State Zip Code

Article V: The name and mailing address of the incorporator is as follows:  
JOSEPH D. CRAWFORD 1433 NELSON VALLEY RD SCIENCE HILL KY 42553  
 Name Street Address or Post Office Box Number City State Zip Code

Name Street Address or Post Office Box Number City State Zip Code

Name Street Address or Post Office Box Number City State Zip Code

Article VI: 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 \_\_\_\_\_  
 (Delayed effective date and/or time)

Please indicate the county in which your business operates:  
 County: PUASKI

*To complete the following, please shade the box completely.*

Please indicate the size of your business:  Small (Fewer than 50 employees)  Large (50 or more employees)

Please indicate whether any of the following applies to your business ownership:  Women Owned  Veteran Owned  Minority Owned

Please indicate which of the following best describes your business:

Agriculture  Mining  Services  Construction  
 Wholesale Trade  Retail Trade  Manufacturing  Finance, Insurance, Real Estate  
 Public Administration  Transportation, Communications, Electric, Gas, Sanitary Services  
 Other

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

Joseph D. Crawford JOSEPH D. CRAWFORD INCORPORATOR 11/29/18  
 Signature of Incorporator Printed Name Title Date

I, JOSEPH D. CRAWFORD, consent to serve as the registered agent on behalf of the corporation.

Joseph D. Crawford JOSEPH D. CRAWFORD INCORPORATOR 11/29/18  
 Signature of Registered Agent Printed Name Title Date