



**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	<b>Articles of Organization</b> <b>Limited Liability Company</b>	<b>KLC</b>
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Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is  
Reynolds Insurance Group, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
3300 Gatecreek Rd Louisville KY 40272  
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is Claude M Reynolds III

Article III: The mailing address of the limited liability company's initial principal office is  
3300 Gatecreek Rd Louisville KY 40272  
Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):  
 A. a manager(s).  
 B. its member(s).

Article V: 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 county in which your business operates: County: <u>Jefferson</u>	
<i>To complete the following, please shade the box completely.</i>	
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"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Other	

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

Signature of Organizer 	<u>Claude M Reynolds III</u> President <small>Printed Name &amp; Title</small>	<u>6/4/18</u> <small>Date</small>
Signature of Organizer <u>Claude M Reynolds III</u> <small>Print Name of Registered Agent</small>	consent to serve as the registered agent on behalf of the limited liability company.	
Signature of Registered Agent 	<u>Claude M Reynolds III</u> <small>Printed Name</small>	<u>6/4/18</u> <small>Date</small>