

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005458

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** KENTUCKY INSURANCE GROUP, LLC

**Current Principal Place of Business:**

989 GOVERNORS LANE  
SUITE 350  
LEXINGTON, KY 40513

**New Principal Place of Business:**

**Current Mailing Address:**

989 GOVERNORS LANE  
SUITE 350  
LEXINGTON, KY 40513

**New Mailing Address:**

**FEI Number:** 06-1749589      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** COX, ELDEN  
**Address:** 989 GOVERNOR LN #350, PO BOX 910828  
**City-St-Zip:** LEXINGTON, KY 405910828

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELDEN COX

CFO

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date