

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005019

Entity Name: BLUEGRASS INSURANCE MANAGEMENT, LLC**Current Principal Place of Business:**881 CORPORATE DRIVE
LEXINGTON, KY 40503**Current Mailing Address:**P.O. BOX 147018
GAINESVILLE , FL 32614 US**FEI Number:** 90-0491808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROWE, SCOTT P
7201 NW 11TH PLACE
GAINESVILLE, FL 32605 US*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**Authorized Person(s) Detail :**

Title	PRESIDENT, DIRECTOR
Name	SHIVELY, WILLIAM J
Address	P.O. BOX 147018
City-State-Zip:	GAINESVILLE FL 32614-7018

Title	SECRETARY, DIRECTOR
Name	MATZ, JR., DONALD C
Address	P.O. BOX 147018
City-State-Zip:	GAINESVILLE FL 32614-7018

Title	DIRECTOR
Name	DOAK, MICHAEL
Address	P.O. BOX 147018
City-State-Zip:	GAINESVILLE FL 32614

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J. SHIVELY

CEO

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date