**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 27, 2022**
**Secretary of State**
**9806463963CC**

DOCUMENT# M20000006383

**Entity Name:** KAI MIDWEST RISK PARTNERS LLC

**Current Principal Place of Business:**

2600 COMMERCE DRIVE
HARRISBURG, PA 17110

**Current Mailing Address:**

PO BOX 463
IRWIN, PA 15642 US

**FEI Number: 85-1739708**

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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: BILL HAVRE, SECRETARY 04/27/2022

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MBR |
| Name | KEYSTONE AGENCY PARTNERS LLC |
| Address | 2600 COMMERCE DRIVE |
| City-State-Zip: | HARRISBURG PA 17110 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | TURNER, JEFFREY |
| Address | 2600 COMMERCE DRIVE |
| City-State-Zip: | HARRISBURG PA 17110 |

| | |
|---|---|
| Title | TREASURERE |
| Name | ROSSI, MICHAEL |
| Address | 2600 COMMERCE DRIVE |
| City-State-Zip: | HARRISBURG PA 17110 |

| | |
|---|---|
| Title | CEO |
| Name | GREER, HEATH |
| Address | 12647 OLIVE BOULEVARD, SUITE 400 |
| City-State-Zip: | CREVE COEUR MO 63141 |

| | |
|---|---|
| Title | SECRETARY |
| Name | GIRARDI, DANIEL |
| Address | 2600 COMMERCE DRIVE |
| City-State-Zip: | HARRISBURG PA 17110 |

*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: JEFFREY TURNER PRESIDENT 04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date