

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF Authority

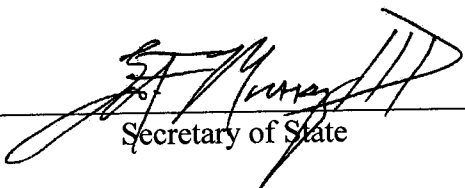
**Kentucky Higher Education Student Loan Corporation**

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **14th** day of **August, 2017**.



Filed Date: 08/14/2017

  
Secretary of State

By: Jordyn Gray

# Wyoming Secretary of State

Ed Murray  
Secretary of State



Karen L. Wheeler  
Deputy Secretary of State

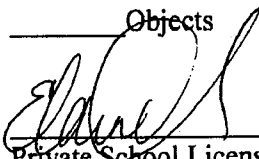
August 14, 2017

Ms. Elaine Marces  
Private School Licensing  
Department of Education  
Cheyenne, WY 82002

**RE: Kentucky Higher Education Student Loan Corporation**

The above reference entity name contains the word "University", "College" or other word that implies that it is a degree granting institution of higher learning. Attached is documentation provided by the entity which contains pertinent information. Please indicate below whether your department objects or consents to the registration of this business entity name.

                     Objects                        X   Does Not Object

  
Private School Licensing

  8/14/17    
Date

Jordyn Gray  
Wyoming Secretary of State  
Senior Business Registrar  
[Jordyn.gray@wyo.gov](mailto:Jordyn.gray@wyo.gov)

Enclosure

**PLEASE EMAIL BACK ASAP.  
Thanks!**



**Ed Murray**  
**Wyoming Secretary of State**  
 2020 Carey Avenue, Suite 700  
 Cheyenne, WY 82002-0020  
 Ph. 307.777.7311  
 Fax 307.777.5339  
 Email: [Business@wyo.gov](mailto:Business@wyo.gov)

**Ed Murray, WY Secretary of State**  
**FILED: 08/14/2017 04:04 PM**  
**ID: 2017-000764875**

**Foreign Nonprofit Corporation  
 Application for Certificate of Authority**

Pursuant to W.S. 17-19-1503 the undersigned corporation hereby applies for a Certificate of Authority to transact business in the state of Wyoming.

1. Name of the nonprofit corporation as incorporated:

Kentucky Higher Education Student Loan Corporation

2. Incorporated under the laws of: **Kentucky**  
*(State or country)*

3. Date of incorporation: **06/17/1978**  
*(mm/dd/yyyy)*

4. Period of duration: **Perpetual**  
*(This is referring to the length of time the nonprofit corporation intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")*

5. Mailing address of the nonprofit corporation:

10180 Linn Station Road, Suite C200  
 Louisville, KY 40223

6. Principal office address:

10180 Linn Station Road, Suite C200  
 Louisville, KY 40223

7. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)*

Name: Corporation Service Company

Address: 1821 Logan Avenue  
 Cheyenne, WY 82001



*(If mail is received at a Post Office Box, please list above in addition to the physical address.)*

8. Names and usual business addresses of its current officers and directors:


<u>Office</u>	<u>Name</u>	<u>Address</u>
President	See attached list of Officers	and Directors.
Vice President		
Secretary		
Treasurer		
Director		
Director		
Director		

9. Does this corporation have members? Yes  No

10. If this corporation had been incorporated under the laws of this state, would it be (Check one appropriate choice.):

- a. Public benefit corporation  
 b. Mutual benefit corporation  
 c. Religious corporation

11. The corporation accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

Signature:   
(May be executed by Chairman of Board, President or another of its officers.)

Date:   
(mm/dd/yyyy)

Print Name:  Contact Person:

Title:  Daytime Phone Number:

Email:

(Email provided will receive annual report reminders and filing evidence)  
\*May list multiple email addresses

**REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING**

- The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, authenticated by the Secretary of State or official having custody of corporate records in the state or country of formation.

**Kentucky Higher Education Student Loan Corporation**  
*List of Officers*

**CEO**

Carl P. Rollins, II  
10180 Linn Station Road, Suite C200  
Louisville, KY 40223

**General Counsel**

Diana Barber  
10180 Linn Station Road, Suite C200  
Louisville, KY 40223

**Chief Financial Officer**

David Carlsen  
10180 Linn Station Road, Suite C200  
Louisville, KY 40223



**Ed Murray**  
**Wyoming Secretary of State**  
 2020 Carey Avenue, Suite 700  
 Cheyenne, WY 82002-0020  
 Ph. 307.777.7311  
 Fax 307.777.5339  
 Email: [Business@wyo.gov](mailto:Business@wyo.gov)

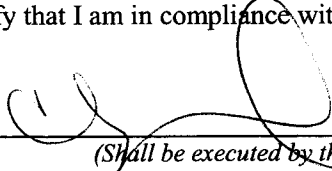
### Consent to Appointment by Registered Agent

I, Corporation Service Company, registered office located at  
*(name of registered agent)*

1821 Logan Avenue  
Cheyenne, WY 82001 voluntarily consent to serve  
 \* *(registered office physical address, city, state & zip)*

as the registered agent for Kentucky Higher Education Student Loan Corporation  
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:**  \_\_\_\_\_ **Date:** 8 4. 17  
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

**Print Name:** Chelsey Martino **Daytime Phone:** 800 927 9800

**Title:** Asst Vice President **Email:** compliance mail@csc.global.com

**Registered Agent Mailing Address** 251 Little Falls Drive  
Wilmington, DE 19808  
 (if different than above):

**\*If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

- I hereby certify that:
- After the changes are made, the street address of my registered office and business office will be identical.
  - This change affects every entity served by me and I have notified each entity of the registered office change.
  - I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_ **Date:**   
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*



**Alison Lundergan Grimes  
Secretary of State**

**Certificate of Existence**

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**KENTUCKY HIGHER EDUCATION STUDENT LOAN  
CORPORATION**

is a corporation duly incorporated and existing under KRS Chapter 164A.030 and KRS Chapter 164A.050, whose date of incorporation is June 17, 1978 and whose period of duration is perpetual.

I further certify that this corporation is in good standing and that articles of dissolution have not been filed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25th day of July, 2017.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
jcaudle/0917676 - Certificate ID: 191793