	S				
		Division Of Business Services			
		148 W. River Street			
		Providence RI 02904-2615			
HOPE		(401) 222-3040			
Certificate Request Form					
Request Inform	nation				
ID		ENTITY NAME		CERTIFICATE TYPE	
000144890		KBK INSURANCE GROUP, INC.	_	Certificate of Good Standing	
000147314		KBK PREMIUM SERVICES, INC.			
Filer's Contact Information					
(Enter a contact name, mailing address and email.)					
Contact Name: <u>David J Lukinovich Sr</u>					
Business Name: Lukinovich, APLC					
No. and Street:	4415 S	hores Drive			
	Suite 2	00			
City or Town: Metairie		<u>e</u> Si	ate: <u>LA</u>	Zip: <u>70006</u>	Country: USA
Contact Phone:	<u>504818</u>	<u>30401</u> ext:			
Contact Email: <u>olivia@lukinovichlaw.com</u>					
Please provide an email address to receive an expedited response from us if the filing is rejected					
for any reason. If no email address is provided, we will respond by mail.					
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