

STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
REGISTRATION DIVISION  
(651) 539-1631


IN THE MATTER OF THE REGISTRATION OF:  
GOOSEHEAD INSURANCE F/A  
By GOOSEHEAD INSURANCE AGENCY, LLC

ORDER OF  
REGISTRATION

WHEREAS, an application has been filed pursuant to Minn.  
Stat. §80C.04; and

WHEREAS, the applicant has complied with the requirements  
of registration,

NOW, THEREFORE, IT IS ORDERED, that the registration be  
declared effective as of the date set forth below.



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JESSICA LOOMAN

Commissioner  
Department of Commerce  
85 7th Place East, Suite 280  
St Paul, MN 55101

Date: April 24, 2018  
dlw

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No.: **F-8447**  
(Insert file number of immediately preceding filing of Applicant)

Fee: \$400.00

State: **Minnesota**

APPLICATION FOR (Check only one):

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- RENEWAL APPLICATION OR ANNUAL REPORT
- PRE-EFFECTIVE AMENDMENT
- POST-EFFECTIVE MATERIAL AMENDMENT

State of Minnesota  
Dept of Commerce

DEC 27 2017  
Rec'd \$ 400

1. Full legal name of Franchisor:  
**Goosehead Insurance Agency, LLC**
2. Name of the franchise offering:  
**Goosehead Insurance**
3. Franchisor's principal business address:  
**1500 Solana Blvd  
Suite 4500  
Westlake, Texas 76262**
4. Name and address of Franchisor's agent in this State authorized to receive service of process:  
**Commissioner of Commerce  
85 7th Place East, Suite 500  
St. Paul, Minnesota 55101**
5. The states in which this application is or will be shortly on file:  
**California, Florida, Illinois, Indiana, Kentucky, Maryland, Michigan, Minnesota, Nebraska, New York, North Dakota, Rhode Island, South Dakota, Texas, Utah, Virginia, Washington and Wisconsin**
6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:  
**Michael R. Laidhold, Esq.  
Plave Koch PLC  
12005 Sunrise Valley Drive, Suite 200  
Reston, Virginia 20191  
703.774.1206 (direct phone)  
703.774.1201 (fax)  
Mlaidhold@plavekoch.com (E-mail)**

EP 04/24/18  
EVE 12/31/18  
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CERTIFICATION

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of March 22, 2017, as amended December 22, 2017 attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at Westlake, Texas on December 6, 2017.

**Goosehead Insurance Agency, LLC**

By: 

Print Name and Title: Patrick Ryan Langston  
General Counsel

STATE OF TEXAS )

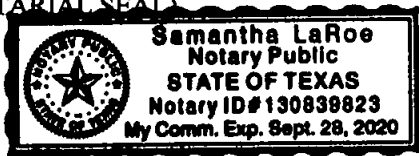
COUNTY OF TARRANT )

) **Goosehead Insurance Agency, LLC**

Personally appeared before me this 6<sup>th</sup> day of December, 2017, the above-named Patrick Ryan Langston, to me known to be the person who executed the foregoing application (as General Counsel of the above-named applicant) and, being first duly sworn, state upon oath that said application, and all exhibits submitted herewith, are true and correct.

Notary Public: 

(NOTARIAL SEAL)



My Commission

Expires: 09/28/2020

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