



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: RICE INSURANCE SERVICES CENTER

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

ACCRETIVE SPECIALTY INSURANCE SOLUTIONS, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

a Domestic General Partnership
a Domestic Limited Liability Partnership
a Domestic Limited Partnership
a Domestic Business Trust
a Domestic Corporation
a Domestic Limited Liability Company
a Domestic Statutory Trust
a Domestic Limited Cooperative Association
a Domestic Unincorporated Non-profit Association

a Foreign General Partnership
a Foreign Limited Liability Partnership
a Foreign Limited Partnership
a Foreign Business Trust
a Foreign Corporation
X a Foreign Limited Liability Company
a Foreign Statutory Trust
a Foreign Limited Cooperative Association
a Foreign Unincorporated Non-profit Association

4. The business is organized and existing in the state or country of DE

5. The mailing address is:

450 S ORANGE AVE 4TH FLOOR ORLANDO FL 32801

Street Address or Post Office Box Numbers

City

State

Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Crystle Stevenson

Authorized Person

9/10/2024

Authorized Party Signature

Printed Name

Title

Date