

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 12/23/2024 12:59 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ertificate of Assumed Name comestic or Foreign Business Entity) ASN	
following statement:	3 365, the undersigned applies to assult Individual Insura	·	•
name: CBIZ Life Insurance Solution		,	are adopting the assumed
3. The "real name" is (you must che a Domestic Genera a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Limited a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Limited a Domestic Unincom	Il Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association rporated Non-profit Association	a Foreign General Par a Foreign Limited Liab a Foreign Limited Part a Foreign Business Tr a Foreign Corporation a Foreign Limited Liab a Foreign Statutory Tr a Foreign Limited Coo	ility Partnership nership ust ility Company ust perative Association ited Non-profit Association
5. The mailing address is:	rexisting in the state of country of		· · · · · · · · · · · · · · · · · · ·
13500 EVENING CREEK DRIVE	N., SUITE 450 SAN DIEGO	CA	92128
Street Address or Post Office Box	Numbers City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the fo	orgoing is true and correct	
Am Tank-	Ariana Turoski	Special Manager	12/23/2024
Authorized Party Signature	Printed Name	Title	Date

Division of Business Filings