

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

C226

1355212.06
Michael G. Adams
Secretary of State
Received and Filed
5/31/2024 3:31:55 AM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Assumed Name

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:

INDIGOX

2. The name of the business entity that is adopting the assumed name:

INDIGO INSURANCE X LLC

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

325 W MAIN STREET STE 150, LOUISVILLE KY 40202

This application will be effective on **Friday, May 31, 2024**.

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

Signature of individual signing on behalf of **Owner: Raymont Endsley Cochrum**

5/31/2024 3:31:55 AM