

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: 3/12/2024 7:59 AM Fee Receipt: \$20.00

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)				
Pursuant to the provisions of KRS following statement:		s to as	ssume a name and	, for that purpo	ose, submits the
The assumed name is: DFS In	surance			MAN DE HEILOSO	
The real name of the business assumed name: Diversified Agrisurance Company	entity (and in the case of genera	l partne	ership, the partners	s) that is/are ad	dopting the
Name must be identical to the real	name on record with the Secretary	of Sta	te.)	The second secon	
3. The entity type 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 Statutory Trust a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association 4. The entity is organized and existing in the state or country of Nebres. The mailing address is:			a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Limited Partnership a Foreign Business Trust a Foreign Corporation a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association		
14010 FNB Parkway, Suite 400	Omaha		NE	68154	
Street Address or Post Office Box N		ity			Zip .
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct. A					
Authorized Party Signature	Printed Name		Title		Date

Date