

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0755453.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed:

12/19/2023 2:43 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	Certificate of Assumed N (Domestic or Foreign Busines	lame ss Entity)	ASN	
following statement:	6 365, the undersigned applies to a orth Workplace Care	assume a name and, for that purpose, su	bmits the	
1. The assumed name is:			*	
2. The name of the business enti	ity (and in the case of general partr	nership, the partners) that is/are adopting	g the assumed	
name: Evernorth Direct Health, LLC				
Name must be identical to the name	ne on record with the Secretary of St	tate.)		
3. The "real name" is (you must ch	neck one):			
a Domestic General Partnership			a Foreign General Partnership	
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership		
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Corporation		a Foreign Corporation		
a Domestic Limited Liability Company		✓ a Foreign Limited Liability Company		
a Domestic Statutory Trust		a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association		
a Domestic Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Association			rofit Association	
4. The business is organized and	d existing in the state or country of	Delaware		
5. The mailing address is:				
900 Cottage Grove Road	Bloomfield	CT 06002		
Street Address or Post Office Box	Numbers Ci	ty State Z	ip	
I declare under penalty of perjury	under the laws of Kentucky that th	ne forgoing is true and correct.		
Dandes J. Schmell	Sandra J. Schmehl	On behalf of Connecticut General Life Insurance Company (Member) December 15	5, 2023	

Printed Name

Title

Date

011 2/22/2022 Walton I/Lour Oaling

Authorized Party Signature