

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS. SECRETARY OF STATE

0582265.09

Fee Receipt: \$20.00

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/15/2024 2:41 PM

**Division of Business Filings Certificate of Assumed Name** ASN **Business Filings** (Domestic or Foreign Business Entity) P.O. Box 718. Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement: INSURE FITNESS GROUP 1. The assumed name is: 2. The real name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: GALLAGHER AFFINITY INSURANCE SERVICES, INC Name must be identical to the real name on record with the Secretary of State.) 3. The entity type is (you must check one): a Foreign General Partnership a Domestic 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 X a Foreign Corporation a Domestic 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 4. The entity is organized and existing in the state or country of Illinois 5. The mailing address is: 2850 Golf Road Rolling Meadows IL 60008 Street Address or Post Office Box Numbers City State Zip

**SECRETARY** 

Title

04/11/2024

Date

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

KARA KOROSEC

**Printed Name** 

Kaia Korosec

**Authorized Party Signature**