

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0582265.09

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/15/2024 2:42 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 Name (Domestic or Foreign Business Entity) ASN					ASN
Pursuant to the provisions of KRS following statement:		ed applies to as	sume a name a	and, for t	hat purpose, submits	the
The assumed name is: INSUR	RELMT					
2. The real name of the business assumed name: GALLAGHER AFFINITY INSURA	entity (and in the case of	general partne	ership, the partr	ners) tha	t is/are adopting the	
Name must be identical to the real	name on record with the S	ecretary of Sta	te.)			a and a second
a Domestic Limited Liability Company a Domestic Statutory Trust a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association		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				
4. The entity is organized and ex	isting in the state or count	try of Illinois				<u> </u>
5. The mailing address is:						
2850 Golf Road	Rol	ling Meadows	IL		60008	
Street Address or Post Office Box	Numbers	City		State	Zip	
I declare under penalty of perjury Kaia Koralec	under the laws of Kentuc	ky that the forg	oing is true and	d correct		
Jama Corosco	KARA KOROSEC		SECRETARY		04/11/2024	

Printed Name

Title

Date

Authorized Party Signature