

**COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Assumed Name** 

0884567.06

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 8/30/2024 9:56 AM Fee Receipt: \$20.00

**ASN** 

**Division of Business Filings Business Filings** P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Foreign Business Entity)		
following statement:	of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the		
1. The assumed name is: _	Heacock Classic		
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed			
name.			

following statement:			•	
1. The assumed name is: Heacoc	k Classic		•	
2. The name of the business entity (a	and in the case of general partne	rship, the partners) that	is/are adopting the assumed	
name:				
American Collectors Insura	ance LLC			
Name must be identical to the name or	record with the Secretary of Stat	e.)		
3. The "real name" is (you must check of	one):			
a Domestic General Pa	a Foreign General	Partnership		
a Domestic Limited Lia	bility Partnership	a Foreign Limited Liability Partnership		
a Domestic Limited Par	rtnership _	a Foreign Limited Partnership		
a Domestic Business T	rust _	a Foreign Business Trust		
a Domestic Corporation	n _	a Foreign Corporation		
a Domestic Limited Liability Company a Foreign Limited Liability Company				
a Domestic Statutory Trust				
a Domestic Limited Co		a Foreign Limited C	Cooperative Association	
a Domestic Unincorporated Non-profit Associationa Foreign Unincorporated Non-profit Association				
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4. The business is organized and existing in the state or country of Delaware				
5. The mailing address is:				
555 E North Lane, Suite 6060	Conshol	nocken PA	19428	
Street Address or Post Office Box Num	nbers City	Stat	e Zip	
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				
Wa	William McKernan	President	8/29/2024	
Authorized Party Signature	Printed Name	Title	Date	