Commonwealth of Kentucky
Michael G. Adams, Secretary of St

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

KENTUCKY HEALTH SOLUTIONS

2. The name of the business entity that is adopting the assumed name is:

BLUEGRASS INSURANCE SOLUTIONS, LLC

3. This application will be effective upon filing.

4. The mailing address is:

2365 HARRODSBURG RD SUITE B235, LEXINGTON KY 40504

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Pete Alberti
Owner
9/14/2023