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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/2/2023 2:42 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Certificate of Assumed Name

ASN

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Fo	reign Busines	s Entity)	
Pursuant to the provisions of KR following statement:	•	l applies to assur	ne a name and, for that p	ourpose, submits the
1. The assumed name is: Wel	at Humana			
2. The name of the business ent			ip, the partners) that is/a	re adopting the assumed
Name must be identical to the name o	n record with the Secretary	of State.)		
The "real name" is (you must cl	neck one):			
a Domestic General Par	a F	a Foreign General Partnership		
a Domestic Limited Liab	a F	a Foreign Limited Liability Partnership		
a Domestic Limited Parti	a F	a Foreign Limited Partnership		
a Domestic Business Tru	a F	a Foreign Business Trust		
a Domestic Corporation	_ √ _a F	a Foreign Corporation		
a Domestic Limited Liability Companya Foreign Limited Liability Company				ompany
 This application will be effecti or the delayed effective cannot b 	e prior to the date the a	application is filed	I. The date and/or time is	
5. The business is organized an	d existing in the state of	r country of Delawa	re	
6. The mailing address is:				
500 West Main Street		Louisville	KY -	40202
Street Address or Post Office Box Nur	nbers	City	State	Zip
I declare under penalty of perjury	under the laws of Ken JOSEPH M.	· · · · · · · · · · · · · · · · · · ·	going is true and correct. VP, Associate General Counsel & Corporate Secretary	5/1/2023
Authorized Party Signature	Printed Name		Title	Date