1100693.09 ASN Michael G. Adams Kentucky Secretary of State Received and Filed: 2/27/2024 8:00 AM Fee Receipt: \$20.00

| COMMONWEALTH OF KENTUCKY | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|
| MICHAEL G. ADAMS, SECRETARY OF STATE | | | | | | | | |

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

mmoore

| | ursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the llowing statement: Centurisk |
|----|--|
| 1. | The assumed name is: |
| 2. | The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed |
| | name: |

AssetWorks Risk Management Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

| a Domestic General Partnership | | a Foreign 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 |
| a Domestic Corporation | \times | a Foreign 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 business is organized and existing in the state or country of _____

5. The mailing address is:

| Street Address or Post Office Box Numbers | City | State | Zip | |
|---|------------|-------|-------|--|
| 400 Holiday Dr., Ste. 200 | Pittsburgh | PA | 15220 | |

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

| Authorized Party Signature | Printed Name | Title | Date | |
|----------------------------|-----------------|-----------|----------|--|
| D1F01FACA2B545A | | | | |
| Michael B Borello | Michael Borello | President | 02/22/24 | |
| DocuSigned by: | | | | |