

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
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 Renewal of  
Assumed Name**

**RAN**

Pursuant to the provisions of KRS 365, the undersigned applies to renew an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**FORTEGRA PERSONAL INSURANCE AGENCY**

2. The assumed name is being renewed by:

**PACIFIC BENEFITS GROUP NORTHWEST, LLC**

3. The entity is organized and existing in the state or country of **OR**.

4. The mailing address of the entity's principal office is

**10151 DEERWOOD PK BLVD BLDG 100 STE 330, JACKSONVILLE, FL 32256**

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

Signature of individual signing on behalf of **Authorized Party:**

**Maria Scrivner**

7/11/2024