Division of Business Filings



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0866002.09

tsemones

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

12-8-2023

Date

12/28/2023 3:56 PM Fee Receipt: \$40.00

| P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | | e of Withdrawal Business Entity) | | WFE |
|--|---|--|---|--|
| Pursuant to the provisions of KR business entity named below an | | | | wal on behalf of the |
| 1. The name of the business en | tity is | | | |
| | (The name mu | ust be identical to the nar | me on record with the | Secretary of State.) |
| 2. The state or country of forma | tion is Delaware | | | |
| The Secretary of State may for on the Secretary of State and | | | | |
| 1105 North Market Street, Suite 501, | | Wilmington | DE | 19801 |
| Street Address (No Post Office Bo | x Numbers) | City | State | Zip Code |
| 4. The business entity is not train the Commonwealth or pursual authority from the commissioner5. The business entity revokes | nt to KRS 14A.9-01 of the Department the authority of its | 10(7) the business entity of Insurance. registered agent to acce | y is a foreign insurer very is a foreign insurer very insurer very insure very very insure very insure very insure very insure very very insure very very very insure very very very very very very very ve | with a certificate of son its behalf and |
| appoints the Secretary of State a during the time it was authorized of State in the future of any char | to transact busine | ss in the Commonwealt | | |
| 6. This application will be effecti | ve upon filing. | | | |
| I declare under penalty of perjury | under the laws of | Kentucky that the forgo | oing is true and corre | ct. |

Renee Simonton

Printed Name

Rence Simonton

Signature of Authorized Representative