

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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 Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

RENAISSANCE BENEFIT ADMINISTRATORS

2. The assumed name has been discontinued by:

DELTA DENTAL PLAN OF MICHIGAN, INC.

3. The date the original certificate was filed:

Wednesday, December 17, 2003

4. The mailing address is:

4100 OKEMOS RD., OKEMOS MI 48864

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

Sue Jenkins

11/9/2023