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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/10/2024 10:29 AM Fee Receipt: \$40.00



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

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawal (Foreign Business Entity)	WFE
business entity named below an	d, for that purpose, submits the following sta	
1. The name of the business en	tity is W & R INSURANCE AGENCY, INC.  (The name must be identical to the name	ne on record with the Secretary of State.)
The state or country of forma     The Secretary of State may fee	tion is Missouri orward to the business entity at the following	o street address any process served
	d commits to notify the Secretary of State of	
4707 Executive Drive	San Diego	CA 92121
Street Address (No Post Office Bo	ox Numbers) City	State Zip Code
in the Commonwealth or pursual from the commissioner of the De 5. The business entity revokes the Secretary of State as its age	nt to KRS 14A.9-010(7) the business entity is epartment of Insurance. The authority of its registered agent to accept the service of process in any proceeding but business in the Commonwealth. The businalling address.	d surrenders its authority to transact business is a foreign insurer with a certificate of authority at service of process on its behalf and appoints based on a cause of action arising during the ness entity shall notify the Secretary of State in
I declare under penalty of perjury	y under the laws of Kentucky that the forgoi	ng is true and correct.
Stephone Honay	STEPHANIE HENG	CZ, Vice President 04/29/2024
Signature of Authorized Represen	ntative Printed Name	Date

(07/20)