0728639.09

kdcoleman WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 2/14/2023 10:50 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  1. The name of the business en	(The name must be identical to the nan	atements:	
2. The state or country of forma	tion is DE		
	orward to the business entity at the followin d commits to notify the Secretary of State o		
201 Isabella St., Ste 400	Pittsburgh	PA	15212
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 time it was authorized to transact the future of any change in its m	he authority of its registered agent to accep nt for service of process in any proceeding it business in the Commonwealth. The busing ailing address.	is a foreign insurer work service of process based on a cause of	on its behalf and appoints action arising during the
6. This application will be effecti	ve upon filing.		
I declare under penalty of perjur	y under the laws of Kentucky that the forgo	ing is true and correc	ot.
Margaret & Routzalin	Margaret E. Routza	ıhn, VP	02/10/2023
Signature of Authorized Represen	ntative Printed Name		Date

(07/20)