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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/18/2024 1:53 PM 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		e of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below and				wal on behalf of the
1. The name of the business en				
	(The name m	ust be identical to the name	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				
630 Allendale Road, Suite 250		King of Prussia	PA	19406
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
 4. The business entity is not train the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any char 	nt to KRS 14A.9-0 of the Departmen the authority of its as its agent for ser I to transact busine	10(7) the business entity is t of Insurance. registered agent to accept vice of process in any process in the Commonwealth.	s a foreign insurer versions a foreign insurer versions as foreign service of process seeding based on a	with a certificate of s on its behalf and cause of action arising
6. This application will be effecti	ve upon filing.			
I declare under penalty of perjury	y under the laws o	f Kentucky that the forgoin	g is true and correc	pt.
Sori C. Kin	Kade	Lori Kinkade		11-07-24
Signature of Authorized Represer	ntative	Printed Name		Date