0631554.09

Fee Receipt: \$40.00

dwilliams WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/11/2022 11:54 AM



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 and	S 14A - 030 the undersigned applies for a d, for that purpose, submits the following s	statements:	
1. The name of the business en	tity is Southern Insurance (The name must be identical to the na	Services, Inc	Socretary of State)
2. The state or country of format	Toppossoo	ine on record with the	
The Secretary of State may for on the Secretary of State and	orward to the business entity at the following commits to notify the Secretary of State	ng street address any of any future changes	process served to this address:
1445 Ross Ave., F	loor 22 Dallas	TX	75202
Street Address (No Post Office Bo		State	Zip Code
4. The business entity is not transin the Commonwealth or pursual from the commissioner of the De	nsacting business in the Commonwealth a nt to KRS 14A.9-010(7) the business entit epartment of Insurance.	and surrenders its auth y is a foreign insurer v	ority to transact business with a certificate of authority
the Secretary of State as its age	he authority of its registered agent to acce nt for service of process in any proceeding t business in the Commonwealth. The bus ailing address.	g based on a cause of	faction arising during the
6. This application will be effecti	ve upon filing.		
I declare under penalty of periur	y under the laws of Kentucky that the forg		
War Hall	Mark Q. Gill	iam, Authorized	Person 4-1-22
Signature of Authorized Represen	ntative Printed Name		Date