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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/18/2024 1:11 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		te of Withdrawal Business Entity)		WFE
Pursuant to the provisions of KR business entity named below an				wal on behalf of the
1. The name of the business en	tity is NICUSA, I			
The hame of the paemees on	(The name i	must be identical to the name	on record with the	Secretary of State.)
2. The state or country of forma	tion is			
The Secretary of State may for on the Secretary of State and	orward to the bus			
7701 College Boulevard Attn: Legal		Overland Park	KS	66210
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
<ul> <li>4. The business entity is not train the Commonwealth or pursual authority from the commissioner</li> <li>5. The business entity revokes appoints the Secretary of State aduring the time it was authorized of State in the future of any char</li> <li>6. This application will be effective</li> </ul>	nt to KRS 14A.9- of the Departme the authority of it as its agent for se I to transact businge in its mailing	.010(7) the business entity is ent of Insurance.  Its registered agent to acceptervice of process in any process in the Commonwealth.	s a foreign insurer was a foreign insurer was a foreign to the second of the second in a s	with a certificate of s on its behalf and cause of action arising
I de alone con den o en altre de contra		af IZanda alondo at the afternoon		
I declare under penalty of perjury	y under the laws	or Kentucky that the forgoin	ig is true and correc	CI.
Bi-Canton		Bill Van Asselt		9/24/2024
Signature of Authorized Repres	entative	Printed Name		Date