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Michael G. Adams	
Kentucky Secretary of State	
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bmarkey

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
	S 14A - 030 the undersigned applies for a certificate d, for that purpose, submits the following statements	
1. The name of the business en	tity is <u>McGriff Insurance Services</u> , LLC (The name must be identical to the name on reco	ord with the Secretary of State.)

- 2. The state or country of formation is North Carolina
- 3. The Secretary of State may forward to the business entity at the following street address any process served on the Secretary of State and commits to notify the Secretary of State of any future changes to this address:

1166 Avenue of the Americas	New York	NY	10036
Street Address (No Post Office Box Numbers)	City	State	Zip Code

4. The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance.

5. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its mailing address.

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Authorized Representative	Printed Name	Date
Berjamin Newman	Benjamin Newman	03/07/2025

DocuSigned by: