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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/24/2023 3:46 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of With (Foreign Business E		WFE
Pursuant to the provisions of KR of withdrawal on behalf of the bu	S 14A and KRS 271B, 273, 27- siness entity named below and	1, 275, 362 or 386 the ur for that purpose, subm	ndersigned applies for a certificate its the following statements:
1. The name of the business en			a Sacratamy of State)
(The name must be identical to the name on record with the Secretary of State.) 2. The state or country of formation is Delaware			
2. The state of country of formation is			
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:			
550 E. Swedesford Road, Suite	400 Wayne	PA	19087
Street Address (No Post Office Box No	umbers) City	State	Zip Code
 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. 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. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is upon filing. 			
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.			
llotth Slaw	Matthew	Howald, VP and Treasu	rer 8/2/2023
Signature of Authorized Representative	ve Printed	Name	Date