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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/18/2023 2:22 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	Certificate of Withdraw (Foreign Business Entity)	al	WFE
business entity named below and	S 14A - 030 the undersigned applies for that purpose, submits the following		awal on behalf of the
1. The name of the business en	tity is Medical Specialties Managers, Inc.		
	(The hame must be identical to the	name on record with the	ie Secretary of State.)
2. The state or country of format	tion is California		×
3. The Secretary of State may for	orward to the business entity at the follog d commits to notify the Secretary of Sta		
1 City Boulevard W, Suite 1100	Orange	CA	92868
Street Address (No Post Office Bo	ox Numbers) 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. 			
6. This application will be effecti	ve upon filing.		
	y under the laws of Kentucky that the fo		
Lauren Newman	Lauren Newm	an	12/1/2023
Signature of Authorized Represen	ntative Printed Name		Date

(02/23)