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Commonwealth of Kentucky Michael G. Adams, Secretary of St Ky Secretary of State

0957667 Michael G. Adams Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Withdrawal of **Assumed Name**

CWA

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

SELECTACCOUNT

2. The assumed name has been discontinued by:

MII LIFE INSURANCE, INCORPORATED

The date the origional certificate was filed: 3.

Monday, August 15, 2016

4. The mailing address is:

PO BOX 64193, ST. PAUL MN 55121

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

Caitlin James

7/22/2022