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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/20/2024 2:58 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 Withdr (Foreign Business Ent		WFE
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the undersigned appl d, for that purpose, submits the fol	es for a certificate of withdra lowing statements:	awal on behalf of the
1. The name of the business en	tity is Humana Dental Company		
	(The name must be identical t	o the name on record with th	e Secretary of State.)
2. The state or country of format	Florida		
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:			
500 West Main Street	Louisville	KY	40202
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 effective	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that t	he forgoing is true and corre	ect.
(a) Mood	Joseph M.	Ruschell	06/19/2024
Signature of Authorized Represen	tative Printed Na	ime	Date