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		of Withdrawal siness Entity)		WFE
Pursuant to the provisions of KR business entity named below and		e		rawal on behalf of the
1. The name of the business en	tity is	ancial Services, Inc. be identical to the nam	ne on record with t	he Secretary of State.)
2. The state or country of formation	tion is			·
3. The Secretary of State may for on the Secretary of State and		,	•	
ATTN: Legal Dept., 10 Exchang	e Place, Suite 1410	Jersey City	NJ	07302
Street Address (No Post Office Bo	ox 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.

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Division of Business Filings

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

1280-	Nina McKenna	05/29/2024
Signature of Authorized Representative	Printed Name	Date



0304879.09

Kentucky Secretary of State Received and Filed: 5/30/2024 2:03 PM Fee Receipt: \$40.00

Michael G. Adams

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