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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/27/2024 8:29 AM 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 | | of Withdrawal Business Entity) | | WFE |
|--|--|--|---|---|
| Pursuant to the provisions of KR business entity named below and | | • | | wal on behalf of the |
| 1. The name of the business en | lity is | ancial Structured Settl | | ······································ |
| | • | st be identical to the n | ame on record with the | Secretary of State.) |
| 2. The state or country of format | tion is | | | <u> </u> |
| The Secretary of State may for on the Secretary of State and | | | | |
| 18100 Von Karman Ave, 10th Floor | | Irvine | CA | 92612 |
| Street Address (No Post Office Bo | x Numbers) | City | State | Zip Code |
| 4. The business entity is not trar in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a during the time it was authorized of State in the future of any chan | nt to KRS 14A.9-01 of the Department the authority of its r as its agent for servi to transact busines | 0(7) the business enti of Insurance. registered agent to ac- ice of process in any pages in the Commonwea | ity is a foreign insurer cept service of proces proceeding based on a | with a certificate of s on its behalf and a cause of action arising |
| 6. This application will be effecti | ve upon filing. | | | |
| I declare under penalty of perjury | under the laws of | Kentucky that the forc | | ct. 7/31/2024 |
| Signature of Authorized Representative | | Printed Name | | 7/31/2024 |
| .aurrannemeannonzen Renfesen | aanve | FILLIEU NAME | | UAIP |