

818 094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

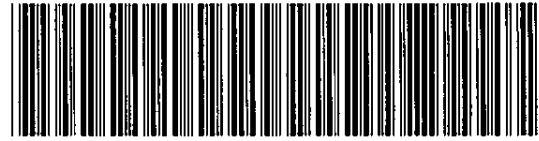
(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 SEP 30 PM 1:51
TO AGENCY OFFICE
SUPPORT OF FILINGS

FILED
14 SEP 30 AM 10:07
FEDERAL BUREAU OF INVESTIGATION

Withdrawal
10-2-14
DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 275680 4712600
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : August 28, 2014
ORDER TIME : 12:04 PM
ORDER NO. : 275680-160
CUSTOMER NO: 4712600

FOREIGN FILINGS

NAME: AIG LIFE INSURANCE COMPANY

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

October 1, 2014

CSC
ATTN: COURTNEY WILLIAMS

SUBJECT: AMERICAN GENERAL LIFE INSURANCE COMPANY OF
DELAWARE
Ref. Number: 818094

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 114A00020957

RECEIVED
DEPARTMENT OF STATE
14 OCT - 1 PM 1:34

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELEWARE

(Name of Corporation)

DOCUMENT NUMBER: 818094

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)
Corporation Service Company

(Firm/Company)
1201 Hays Street

(Address)
Tallahassee, FL 32301

(City/State and Zip code)

For further information concerning this matter, please call:

Rosemary Foster _____ at (713) 342-1562
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELEWARE

(Name of Corporation)

818094

(Document Number of Corporation (if known))

Pennsylvania

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

2919 ALLEN PARKWAY

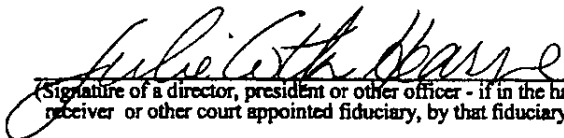
(Mailing Address)

HOUSTON TX 77019

(City/ State /Zip)

FILED
14 SEP 30 AM 10:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

9/30/14
(Date)

Julie Cotton Hearne

(Typed or printed name of person signing)

VP & Secretary

(Title of person signing)

FILING FEE \$35