

820368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

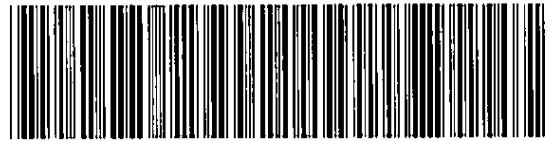
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2021 OCT -6 AM 9:22

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2021 OCT -6 AM 11:52

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WILLIAMSBURG, VA

Withdrawal

OCT 07 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 081316 4610148

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : October 6, 2021

ORDER TIME : 10:37 AM

ORDER NO. : 081316-015

CUSTOMER NO: 4610148

FOREIGN FILINGS

NAME: LINCOLN LIFE ASSURANCE COMPANY
OF BOSTON

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: *[Signature]*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lincoln Life Assurance Company of Boston

(Name of Corporation)

DOCUMENT NUMBER: 820368

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Lincoln Life Assurance Company of Boston

(Name of Corporation)

820368

(Document Number of Corporation (if known))

New Hampshire domiciled - authorized to do business in Florida on 04/21/1967

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

1301 S. Harrison Street

(Mailing Address)

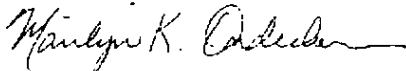
Fort Wayne, Indiana, 46802-3425

(City/ State /Zip)

2021 OCT -16 AM 9:22

FILED

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)

October 5, 2021

(Date)

Marilyn K. Ondecker

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35