## F0300004494

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u></u>
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HomeServices Insurance, Inc.
(Name of corporation)
DOCUMENT NUMBER: F03000004494
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Connie Sullivan
(Name of Person)
MidAmerican Energy
(Firm/Company)
Box 657
(Address)
Des Moines, IA 50303-0657
(City/State and Zip code)
For further information concerning this matter, please call:
Connie Sullivan at ( 515 ) 281-2290
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

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

Hom	eServices Insurance, Inc.	
<del>,</del> -	(Name of Corporation)	<u>:</u> =
F030	00004494	
	(Document Number of Corporation (if known)	·
Neb	raska	
	(Incorporated Under Laws of)	
	on is no longer transacting business or conducting affairs within the State of Florida and I renders its authority to transact business or conduct affairs in Florida.	iereby
appoints the D	on revokes the authority of its registered agent in Florida to accept service on its beha bepartment of State as its agent for service of process based on a cause of action arising durishorized to transact business or conduct affairs in Florida.	
The following	is a current mailing address for the corporation:	
666 (	Grand Ave. #2900 (Mailing Address)	
	Des Moines, IA 50309	
	(City/ State /Zip)  SECRE	<b>3</b>
la la	on agrees to notify the Department of State in the future of any change in its mailing address  3/17/05	TILE
(Signatu receiver	re of a director, president or other officer - if in the hands of a or other court appointed fiduciary, by that fiduciary)	O
Paul J. Leigh		
(iy	ped or printed name of person signing) (Title of person signing)	

FILING FEE \$35