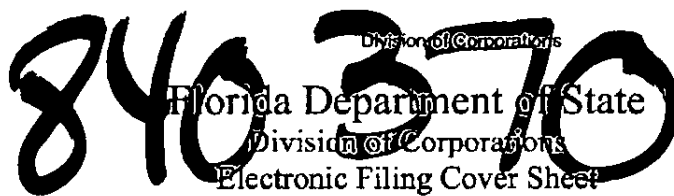


11/13/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

**DISSOLUTION OR WITHDRAWAL
COMBINED LIFE INSURANCE COMPANY OF NEW YORK**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Combined Life Insurance Company of New York
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Juliet E. Schweidel

(Name of Person)

Combined Life Insurance Company of New York

(Firm/Company)

436 Walnut Street, WA04R

(Address)

Philadelphia, PA 19106

(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
2661 Executive Center Circle
Tallahassee, FL. 32301

DocuSign Envelope ID: 86926896-F017-4400-B6C6-B4DAA61447DA

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

Combined Life Insurance Company of New York

(Name of Corporation)

840370

(Document Number of Corporation (if known))

New York

(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:

13 Cornell Road, First Floor

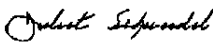
(Mailing Address)

Latham, New York, 12110

(City/ State /Zip)

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

DocuSigned by:



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

11/14/2017

(Date)

Juliet E. Schweidel

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35