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| (Re | equestor's Name) | |
| (Ad | ldress) | · - · · · |
| (Ad | ldress) | |
| (Cil | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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afrith

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--------------|
| SUBJECT: Life Insurance Company of Xleania (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: Todi | |
| (Address) | |
| (Address) Lansing MI 4895/ (City/State and Zip code) | - |
| (City/State and Zip code) | <u></u> |
| For further information concerning this matter, please call: Uodi Comstock at (517) 367-3950 | |
| (Name of Person) (Area Code & Daytime Telephone Number | , |

STREET ADDRESS:

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

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| Life Insurance Company o | f Georgia | • • |
|--|--|-------------|
| (Name of Corporation) | | |
| | O6 S | |
| (Document Number of Corporation | 28 Nix XSSEI | |
| Georgia | | 1] |
| (Incorporated Under Laws | B: 19 | J |
| This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct | | d hereby |
| This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proce the time it was authorized to transact business or conduct affairs in | ess based on a cause of action arising | |
| The following is a current mailing address for the corporation: | | |
| 1 Corporate Way | | |
| (Mailing Address) | | |
| Lansing, MI 48951 | | |
| (City/ State /Zip) | | |
| The corporation agrees to notify the Department of State in the fut | ure of any change in its mailing addr | ess. |
| TO My | 9-22-06 | _ |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) | |
| Thomas J. Meyer (Typed or printed name of person signing) | Secretary (Title of person signing) | · |
| () per at printer control of prover organism) | (- m- or person organity) | |

FILING FEE \$35