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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

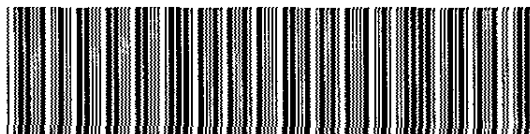
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

withdrawal
zg



Megan Howard
Legal Assistant

Business Men's Assurance Company of America

Liberty Life Insurance Company
Legal Department
PO Box 19043
Greenville, SC 29602-9043

Tel: (864) 609-4218
Fax: (864) 609-3176
Email: megan.howard@rbc.com

June 15, 2006

Via DHL Courier

Ms. Susan Payne
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Business Men's Assurance Company of America
Document No.: 808731
Liberty Life Insurance Company
Document No.: 808731

Dear Ms. Payne:

Regarding the above companies, enclosed please find the amendment application for Business Men's Assurance Company of America and the withdrawal application for Liberty Life Insurance Company, along with our company's check in the amount of \$70.00 for the applicable filing fee for both. Please note that the withdrawal application for Liberty Life should not be processed until June 30, 2006, the effective date of the merger and name change of Liberty Life in and to Business Men's Assurance Company.

Should you have any questions, please feel free to call me.

Sincerely,

A handwritten signature in cursive script that reads "Megan S. Howard".

Megan S. Howard

Enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Liberty Life Insurance Company
(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:

Suzanne M. Haynsworth, Esq.

(Name of Person)

Liberty Life Insurance Company

(Firm/Company)

2000 Wade Hampton Blvd. 4th Floor

(Address)

Greenville, SC 29615

(City/State and Zip code)

For further information concerning this matter, please call:

Megan Howard

(Name of Person)

at (864) 609-4218

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET 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**

Liberty Life Insurance Company
(Name of Corporation)

(Document Number of Corporation (if known))

South Carolina
(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.

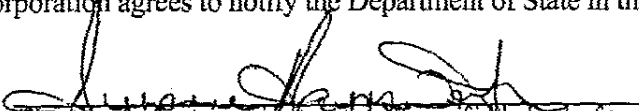
The following is a current mailing address for the corporation:

PO Box 1389
(Mailing Address)

Greenville, SC 29602-1389
(City/ State /Zip)

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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)

June 8, 2006
(Date)

Suzanne M. Haynsworth
(Typed or printed name of person signing)

Assistant Secretary
(Title of person signing)

FILING FEE \$35