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6/4/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821 Fax Number : (850)558-1515

## DISSOLUTION OR WITHDRAWAL GENERAL FIDELITY LIFE INSURANCE COMPANY

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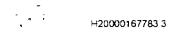
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	GENERAL FIDELITY LIFE INSURANCE COMPANY
	(Name of Corporation)
DOCU	MENT NUMBER: 810637
The er	closed withdrawal application and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	vision of Corporations  F: GENERAL FIDELITY LIFE INSURANCE COMPANY  (Name of Corporation)  ENT NUMBER:  810637  Seed withdrawal application and fee are submitted for filing.  arm all correspondence concerning this matter to the following:  (Name of Person)  GENERAL FIDELITY LIFE INSURANCE COMPANY  (Firm/Company)  169 E. Grand Avenue  (Address)  South San Francisco, CA 94080  (City/State and Zip code)  r information concerning this matter, please call:  at (
	GENERAL FIDELITY LIFE INSURANCE COMPANY
	(Firm/Company)
	269 E. Grand Avenue
	(Address)
	South San Francisco, CA 94080
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
	at ()
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the amount:
□ \$35	(Additional copy is Copy (Additional copy is enclosed
	Amendment Section Amendment Section Division of Corporations Division of Corporations



2020 JUN - 4 AM 9: 40

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

	AL FIDELITY LIFE INSURANCE (	ame of Corporation)
	(	and of Corporation)
810637		
<del></del>	(Document Num	nber of Corporation (if known)
Virginia	11/17/1955	
1])	corporated Under Laws of and date	authorized to transact business/conduct its affairs)
appoints the Depa time it was author		
269 E. G	and Avenue	
	(1)	Mailing Address)
South Sa	n Francisco, CA 94080	
	(1	City/ State /Zip)
Bun	nna MacDonald	of State in the future of any change in its mailing address.  5/15/2020
(Signature of tecesver of the	a unector, president or other officer - if in other court appointed fiduciary, by that fidu	the hands of a (Date)
Brie MacD	onald	General Counsel and Secretary
(Typ	ed or printed name of person signing)	(Title of person signing)

FILING FEE \$35