

818 094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

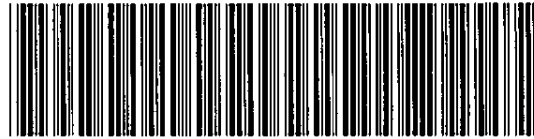
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DIVISION OF CORPORATIONS

2014 SEP 30 PM 1:51

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14 SEP 30 AM 10:07

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Withdrawal  
10-2-14  
DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 275680 4712600

AUTHORIZATION :

COST LIMIT : \$ 35.00

*[Handwritten signature]*

ORDER DATE : August 28, 2014

ORDER TIME : 12:04 PM

ORDER NO. : 275680-160

CUSTOMER NO: 4712600

FOREIGN FILINGS

NAME: AIG LIFE INSURANCE COMPANY

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**

Please give original  
submission date as file date.

October 1, 2014

CSC  
ATTN: COURTNEY WILLIAMS

SUBJECT: AMERICAN GENERAL LIFE INSURANCE COMPANY OF  
DELAWARE  
Ref. Number: 818094

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 114A00020957

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELEWARE  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 818094  
\_\_\_\_\_

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

Please return all correspondence concerning this  
matter to the following:

\_\_\_\_\_  
(Name of Person)  
Corporation Service Company  
\_\_\_\_\_  
(Firm/Company)  
1201 Hays Street  
\_\_\_\_\_  
(Address)  
Tallahassee, FL 32301  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Rosemary Foster \_\_\_\_\_ at ( 713 ) 342-1562  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) 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

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

AMERICAN GENERAL LIFE INSURANCE COMPANY OF DELEWARE

(Name of Corporation)

818094

(Document Number of Corporation (if known))

Pennsylvania

(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:

2919 ALLEN PARKWAY

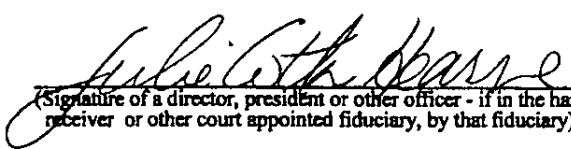
(Mailing Address)

HOUSTON TX 77019

(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)

9/30/14  
(Date)

Julie Cotton Hearne

(Typed or printed name of person signing)

VP & Secretary

(Title of person signing)

**FILING FEE \$35**