818664



FILED 00 OCT -6 AM II: 19

ACCOUNT NO. : 072100000032 TALLAHASSEE, FLORIDA

REFERENCE: 854658 4352697

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : October 5, 2000

ORDER TIME: 9:43 AM

ORDER NO. : 854658-005

CUSTOMER NO: 4352697

CUSTOMER: Ms. Patricia K. Kaster

Humana Inc.

500 West Main Street

P.o. Box 1438

Louisville, KY 40202

300003416823--4

FOREIGN FILINGS

NAME: HUMANA INSURANCE COMPANY

XX PROFIT XX CORPORATE
NON-PROFIT LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

G COULLIETTE OCT 0 6 2000

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA Humana Insurance Company (Name of Corporation) Missouri (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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department. 500 West Main Street (Mailing Address) Louisville, KY 40202 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address. Vice President

Title

October 4, 2000

Date

Signature of the chairman or vice chairman of the board,

Typed or printed name

president, or any officer.
Walter E. Neely