## 824287

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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V		
(Cit	ty/Sta <b>te/Z</b> ip/Phone	÷#)
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2007 FEB 19 PH 4: 30
SECRETARY OF STATE

00/22/07

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: AFSC Agency, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed withdrawal application	on and fee are submitted for filing.
Please return all correspondence con- matter to the following:	cerning this
Janis E. Brandy	
	(Name of Person)
American Health and Life Insuran	nce Company
	(Firm/Company)
3001 Meacham Blvd., Suite 200	
· <del>••••••••</del>	(Address)
Fort Worth, Texas 76137	
	(City/State and Zip code)
For further information concerning th	nis matter, please call:
Janis E. Brandy	at (817 ) 348-5301
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS	: MAILING ADDRESS:

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

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

### FILED

# APPLICATION BY FOREIGN CORPORATION FOR METHORAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS INSULORIDA TALLAHASSEE, FLORIDA

(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
824287	
(Document Number of Corporation	n (if known)
Delaware (Incorporated Under Laws	e of) .
This corporation is no longer transacting business or conducting roluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Flories.	s based on a cause of action arising during the
he following is a current mailing address for the corporation:	
3001 Meacham Blvd., Suite 200 (Mailing Address)	· ·
Fort Worth, Texas 76137	
(City/ State /Zip)	· ·
(Signature of a director be sillent or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ture of any change in its mailing address.  (Date)
Gregg H. Lehman	Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35** 

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