

829893



February 22, 1999

PROGRESSIVE

FILED

Law Department

6300 Wilson Mills Road

Mayfield Village, OH 44142

Telephone: 440 461-5000

Facsimile: 440 446-7858

progressive.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR -1 PM 2:17

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

500002789955--3

-03/01/99--01035--008

*****43.75 *****43.75

RE: Progressive American Life Insurance Company

Dear Sir/Madam:

Enclosed please find Progressive American Life Insurance Company's Application for Withdrawal, along with its draft in the amount of \$43.75, in payment of the filing fee and certified copy charge.

I appreciate your assistance in this matter. Please do not hesitate to contact me at 440-446-7894 should you have any questions or require any further information regarding this withdrawal.

Sincerely,

PROGRESSIVE CASUALTY INSURANCE COMPANY

Karen Kosuda
Legal Specialist

Enclosures

Withdraw

VS MAR 3 1999

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

Progressive American Life Insurance Company
(Name of Corporation)

Ohio

(Incorporated Under Laws Of)

FILED
99 MAR -1 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

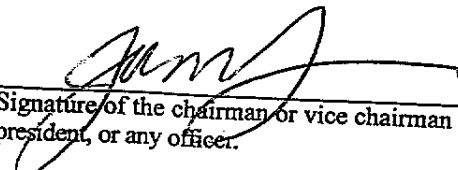
6300 Wilson Mills Road

(Mailing Address)

Mayfield Village, Ohio 44143

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


Signature of the chairman or vice chairman of the board,
president, or any officer.

President.

Title

John M. Davies

Typed or printed name

2/12/99.

Date