834095

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COVER LETTER

	Amendment Section Division of Corporations						
SUBJE	State Farm International Services, In	nc.					
50131	C1.	(Name o	l'Corpoi	ration)			
DOCU	MENT NUMBER: 834095						
The enc	losed withdrawal application and	fee are sul	bmitted 1	for filing.			
Please r	eturn all correspondence concerning	g this matt	er to the	following:			
	Michelle Mancias						
		(Name o	of Persor	<u> </u>			
	State Farm Insurance Companies						
		(Firm/C	Company)	-		
	One State Farm Plaza, E-10						
		(Add	dress)				
	Bloomington, Illinois 61710					~ 1	
	(C	ity/State a	and Zip c	code)	— TA	023	
For furt	her information concerning this mat	ter, please	call:			JAN 3	. Emer
Michelle Mancias		at (309	766-9464	28.8 28.8 28.8	– p	fT
	(Name of Person)	_	(Area	Code & Daytime	Telephone/Nu		ريا (
Enclose	d is a check for the amount:				프 <u></u> 프	52	
■ \$35 :	Filing Fee	Certifie	d Copy ional cop	Certifica	Filing Fee, ite of Status & Additional cop		
]	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D T 24	Division of the Central 415 N. N	ress: ent Section of Corporations re of Tallahassee Monroe Street, Sui ee, FL 32303	te 810		

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

	State Farm International Services, Inc.		<u> </u>
	(Name of Corporation)		
	834095		
	(Document Number of Corporation	(if known)	
	Arizona, December 22, 1966		
	(Incorporated Under Laws of and date authorized to transa-	ct business/conduct its affairs)	
This cor appoints	rily surrenders its authority to transact business or conduct reporation revokes the authority of its registered agent in the Department of State as its agent for service of process was authorized to transact business or conduct affairs in Flories	Florida to accept service of based on a cause of action a	
The follo	owing is a current mailing address for the corporation:		
	One State Farm Plaza	ن مارا جارات	2023
	(Mailing Address)	<u> </u>	
	Bloomington, Illinois 61710	::/\S.:.	3 - 17
	(City/ State /Zip)	िक् १८५ हिस्स	HH 12: 52
(C	Signature of a director, plesident or other or other or other or other court appointed fiduciary by that fiduciary)	_	ling address.
I	Lynne Madden Yowell	Secretary	
-	(Typed or printed name of person signing)	(Title of person sign	ning)

FILING FEE \$35