

839028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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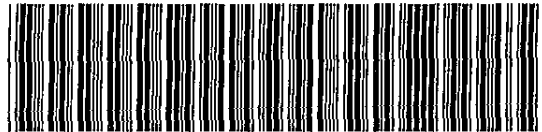
Special Instructions to Filing Officer:

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02 OCT 31 AM 11:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10/31/02--01057--003 **35.00

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2002 OCT 31 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette OCT 31 2002

CT CORPORATION

October 31, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

Re: Order #: 75642637 WO
Customer Reference 1: Northern
Customer Reference 2: Northern Merger

Dear Secretary of State, Florida:

Please file the attached:

Northern Life Insurance Company (WASH)
Withdrawal
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

Northern Life Insurance Company
(Name of Corporation)

Washington
(Incorporated Under Laws Of)

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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.

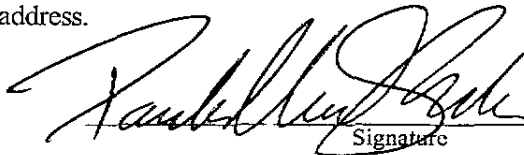
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

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.

5780 Powers Ferry Road, NW
(Mailing Address)

Atlanta, GA 30327
(City/ State /Zip)

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



Secretary

Signature

Title

Paula Cludray-Engelke

Typed or printed name

10/25/02
Date