

851720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

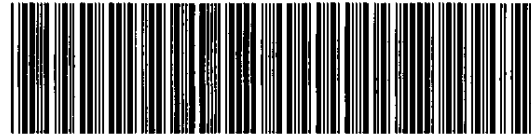
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 22 PM 3:07

Withdrawal  
CUS  
@ 10/25/10



**S I G N A T U R E**  
I N F O R M A T I O N S O L U T I O N S

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**FILING TRANSMITTAL FORM**

**STATE:** FL

**To:** Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
P. O. Box 6327  
Tallahassee, FL 32314

**Date:** October 18, 2010

**From:** April Brady

**Job#**

**Entity Name/s:** Cambridge Life Insurance Company

Enclosed herewith please find the following:

- 1) Application for Withdrawal
- 2) Our check in the amount of \$35.00 to cover withdrawal filing fee.
- 3) Self addressed stamped envelope.

Please process the enclosed documents upon receipt, returning a file stamped copy of the Certificate of Withdrawal as proof of filing. Enclosed is a pre-paid, self addressed envelope for your convenience in returning the copy to us. If you require anything further from regarding this transaction please do not hesitate to contact me at 800-792-8888, ext. 7080.

Thank you for your assistance in this matter.

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

Cambridge Life Insurance Company

(Name of Corporation)

851720

(Document Number of Corporation (if known))

Missouri

(Incorporated Under Laws of)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
19 OCT 22 PM 3:01

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 for the corporation:

c/o Coventry Health Care, Inc., 6705 Rockledge Drive, Suite 900

(Mailing Address)

Bethesda, MD 20817

(City/ State /Zip)

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



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

August , 2010

(Date)

Shirley R. Smith

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35