

F00000000505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

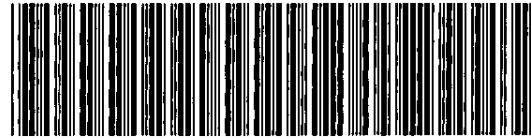
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2011 DEC 27 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdrawal

TBrown

12-29-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GULF GUARANTY LIFE INSURANCE CORPORATION  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

ROBERT BERRY

(Name of Person)

GULF GUARANTY LIFE INSURANCE COMPANY

(Firm/Company)

P.O. BOX 12409; JACKSON, MS 39236

(Address)

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT BERRY

(Name of Person)

at ( 601 ) 981-4920

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

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

GULF GUARANTY LIFE INSURANCE COMPANY

(Name of Corporation)

F00000000505

(Document Number of Corporation (if known))

MISSISSIPPI

(Incorporated Under Laws of)

FILED  
2011 DEC 27 PM 1:44  
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 for the corporation:


P.O. BOX 12409

(Mailing Address)

JACKSON, MS 39236

(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)

12-15-11

(Date)

ROBERT BERRY

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

**FILING FEE \$35**