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COVER LETTER

	mendment Section ivision of Corporations				
SUBJEC	Insurance Investors Life Insurance Company				
(Name of Corporation)					
DOCUM	ENT NUMBER:F00000001212				
The encl	osed withdrawal application and fee are submitted for filing.				
	turn all correspondence concerning this the following:				
	Susan Jennings				
	(Name of Person)				
Insurance Investors Life Insurance Company					
(Firm/Company)					
	1300 W Mockingbird Lane				
(Address)					
	Dallas, Texas 75247				
	(City/State and Zip code)				
For furth	er information concerning this matter, please call:				
Sus	an Jenningsat (214) 638-9301				
	(Name of Person) (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

	Insurance Investors Life Insurance	Company	
	(Name of Corporation)		
	F0000001212		
	(Document Number of Corporation (í known)	•
	Texas		
	(Incorporated Under Laws o)	* *
oluntari This corp	poration is no longer transacting business or conducting afly surrenders its authority to transact business or conduct at poration revokes the authority of its registered agent in the Department of State as its agent for service of process that as authorized to transact business or conduct affairs in Flori	fairs in Florida. Florida to accept service on its bel pased on a cause of action arising du	nalf and
	owing is a current mailing address for the corporation:		
	1300 W Mockingbird Lane	TALL	200
	(Mailing Address) Dallas, Texas 75247	AHASSEE	FILED
The corp	(City/ State /Zip) oration agrees to notify the Department of State in the future	e of any change in its mailing addre	•
•	Whole, The ago	March 3, 2006	~~
(S	signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
_	Wade H. Mayo (Typed or printed name of person signing)	President & CEO (Title of person signing)	

FILING FEE \$35