FOODOOOS3786

June 17, 2002

RE: HEALTHINSURANCE.COM, INC.

-06/21/02-01062-005 (DE. DOM.)*****87.50

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$35.00 to cover the required filing fee.

³200005924672--6 -06/24/02--01052-005 ******35.00 *****35.00

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri Senior Supervisor &

Assistant Secretary

TA:ld

Enclosure

RA/BC) 102

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SECRETARY OF STATE
TALLAHASSEF, FI ORIGA

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, <u>CTCORPORATION SYSTEM</u>
(Name of registered agent)
HEALTHINSURANCE.COM, INC. #00000003786
hereby resigns as Registered Agent for (DE. DOM.)
(Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of resigning agent) If signing on behalf of an entity:
C T CORPORATION SYSTEM - Theresa Alfieri (Typed or Printed Name)
ASSISTANT SECRETARY (Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

PILED
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FALLAHASSEE, FLORDA

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