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COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: American Fraternal Financial Se (Name of	rvices, Inc. Corporation)	
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter to the following:	,	
Julianne Olsen_	1 t	
(Name of	Person)	
(1,00000	1	
Royal Neighbors of America	1 1	
(Firm/Co	ompany)	
230 16th Street	:	
(Address)		
Rock Island, IL 61201		
(City/State a	nd Zip code)	
For further information concerning this matter, please	call:	
	309) 732-8212	
(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

American Fraternal Financial Sei	rvices, Inc.
(Name of C	Corporation)
	ALLAHE A TI
(Document Number of	Corporation (if known) SSET OF STORY FLS 9
(Incorporated V	Under Laws of)
This corporation is no longer transacting business or covoluntarily surrenders its authority to transact business	onducting affairs within the State of Florida and hereby or conduct affairs in Florida.
	d agent in Florida to accept service on its behalf and see of process based on a cause of action arising during ct affairs in Florida.
The following is a current mailing address for the corpo	pration:
230 16th Street (Mailing	Address
	,
Rock Island, IL 61201 (City/ Si	ate /Zip)
The corporation agrees to notify the Department of Stat	e in the future of any change in its mailing address.
(Signature of Adirector, president or other officer - if in the hand receiver or other court appointed fiduciary, by that fiduciary)	1-17-06 ds of a (Date)
John A. Friederich (Typed or printed name of person signing)	Secretary/Treasurer (Title of person signing)

FILING FEE \$35