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DISSOLUTION OR WITHDRAWAL CNL/INSURANCE AMERICA, INC.

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. 17 (2,434)	1701,	(Name of Corporation)
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The er	nclosed withdrawal application and	•
	return all correspondence concerning to the following:	; this
	Paul Dwyer	
	,	(Name of Person)
	Securian Financial Group, Inc.	
		(Firm/Company)
	400 Robert Street North	
		(Address)
	Saint Paul, MN - 55161-2098	
	(C	ity/State and Zip code)
For fur	ther information concerning this mat	er, please call;
Paul Dw	yer	at (651) 665-5844
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	MAILING ADDRESS: Amendment Section Division of Corporations Office Building
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tailahappa 61 32301

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

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