F03000001378

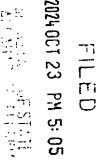
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Encova Life Insurance	Company
SOBJECT:	(Name of Corporation)
DOCUMENT NUMBER: F03	3000001378
The enclosed withdrawal appli	cation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Paul D. Cordes III	
	(Name of Person)
Pan-American Life Insuran	ce Company
	(Firm/Company)
601 Poydras St., Fl. 10	
	(Address)
New Orleans, LA 70130	
	(City/State and Zip code)
For further information concerni	ng this matter, please call:
Paul D. Cordes III	at (504 566-4713
(Name of Person)	
Enclosed is a check for the amou	unt:
■ \$35 Filing Fee □ \$43.75 Fi Certificate	ling Fee & \$\Begin{array}{ll} \$43.75 \text{ Filing Fee & } & \$\Begin{array}{ll} \$52.50 \text{ Filing Fee,} \\ Certified Copy & Certificate of Status & Certified \\ (Additional copy is Enclosed) & Copy (Additional copy is enclosed) \end{array}
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of Corporation)

Encova Life Insurance Company

F03000001378	f known)
(Document Number of Corporation (i	f known)
Ohio; 3/9/2003	5. S. OS
(Incorporated Under Laws of and date authorized to transact	
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in I appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	pased on a cause of action arising during the
The following is a current mailing address for the corporation:	
601 Poydras St., Fl. 10	
(Mailing Address)	•
New Orleans, LA 70130	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	re of any change in its mailing address. O O O (Date)
Oaniel La Grone (Typed or printed name of person signing)	Assistanta (orporate Secretary

FILING FEE \$35