

FO4000005019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

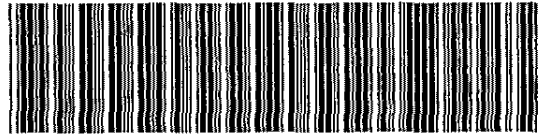
(Business Entity Name)

(Document Number)

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Withdrawal

02/16/07--01015--002 **35.00

FILED
2007 FEB 16 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ad
2/16/07

NEW ERA LIFE INSURANCE COMPANY



NEW ERA LIFE INSURANCE COMPANY
OF THE MIDWEST

February 8, 2007

Florida Secretary of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: New Horizon Benefit Administrators, Inc.

Dear Sir or Madam:

Enclosed for filing are the original and one copy of an Application by Foreign Corporation for Withdrawal of Authority for the above-referenced corporation. Please file this document in your usual manner and return a file-stamped confirmation copy to the undersigned. Your Cover Sheet, along with our \$35.00 filing fee check, are also enclosed herewith.

Should you have any questions, please contact the undersigned. Thank you.

Very truly yours,

Brenda D. Garrot
Paralegal

Direct No. 281-368-7280
Fax No. 281-368-7286
Email: bgarrot@neweralife.com

Enclosures

C:\Documents and Settings\bgarrot\My Documents\NEW HORIZON TPA LICENSE\WITHDRAWAL LETTERS\FLORIDA_SOS.doc

P.O. Box 4884 • Houston, Texas 77210-4884
200 Westlake Park Blvd., Suite 1200 • Houston, Texas 77079
Telephone: (281) 368-7200

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW HORIZON BENEFIT ADMINISTRATORS, INC.
(Name of Corporation)

DOCUMENT NUMBER: F04000005019

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

BRENDA D. GARROT

(Name of Person)

NEW HORIZON BENEFIT ADMINISTRATORS, INC.

(Firm/Company)

200 WESTLAKE PARK BLVD, SUITE 1200

(Address)

HOUSTON, TEXAS 77079

(City/State and Zip code)

For further information concerning this matter, please call:

BRENDA D. GARROT

(Name of Person)

at (281) 368-7280

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

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

NEW HORIZON BENEFIT ADMINISTRATORS, INC.

(Name of Corporation)

F4000005019

(Document Number of Corporation (if known))

TEXAS

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


200 WESTLAKE PARK BLVD., SUITE 1200

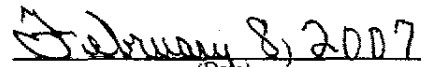
(Mailing Address)

HOUSTON, TEXAS 77079

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)


(Date)

BILL S. CHEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35