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(Re	questor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Withdr.
C. Countiente SEP 0 7 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Insurance Agency for the American Working Family Inc. dba The Agency for the American Working Family
(Name of Corporation)
DOCUMENT NUMBER: F04000006054
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle L. Cromer
(Name of Person)
AEGON Direct Marketing Services, Inc.
(Firm/Company)
520 Park Avenue
(Address)
Baltimore, MD 21201
(City/State and Zip code)
For further information concerning this matter, please call:
Michelle L. Cromer at (410) 209-5495
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Amendment Section Amendment Section

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

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

The Insurance Agency for the American Working Family Inc. (Name of Corporation)

F04000006054	(Document Number of Corp	oration (if known)			
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Maryland	(Incorporated Unde	r Laws of)			
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	authority of its registered ag				
	tate as its agent for service of p		ause of action a	rising during	the
e it was authorized to trans	sact business or conduct affairs	in Florida.			
following is a current ma	iling address for the corporatio				
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520 Park Avenue	(Mailing Addr	ress)	- 	光 图	~
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Baltimore, MD 21201	(City/ State /2	7in\	= · 1	AH 10: 26 OF STATE E. FLORID	, O O X
	(City) State 12	21 <i>P)</i>		C 2 5	(****
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orporation agrees to not	ify the Department of State in t	he future of any cha	ange in its maili	جند <u>ا</u>	
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Taul Lak	the	41	23/07		
(Signature of a director, presid	lent or other officer - if in the hands of a integral fiduciary, by that fiduciary)		(Date)		
receiver or other court appo	inted fiduciary, by that fiduciary)				
David C	alu f d	_			
rum Vil	MACHAO &	dec	nestary		<u></u>
(Typed or printed nar	ne of person signing)		(Title of person sign	ing)	

FILING FEE \$35