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S. TALLENT SEP 3 0 2016 16 SEP 27 AM II: I SECRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

TO:	Amendment Section Division of Corporat	ions				
SUBJ	CompBenefits I	Direct, Inc.				
		(Nam	e of Corporation	1)		
DOC	JMENT NUMBER:	F0600000149				
The er	closed withdrawal a	pplication and fee are	submitted for fi	ling.		
	return all corresponde to the following:	ence concerning this				
	Jennifer G. Webb					
		(Nan	e of Person)			
	Humana Inc.					
		(Firm	n/Company)			
	500 West Main Stree	t, Law Deparatment				
		()	Address)			
	Louisville, KY 40202					
		(City/Sta	te and Zip code)			
For fur	ther information conc	erning this matter, plea	ise call:			
Jennife	r G. Webb	at		580-3777		
Enclose	(Name of Persect is a check for the a	son)		e & Daytime Telephone Number)		
Z \$35	Filing Fee \$43.75 Certifi	(Add	75 Filing Fee & fied Copy ditional copy is losed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
	MAILING A			STREET ADDRESS:		
	Amendment S Division of Co			Amendment Section Division of Corporations		
	P.O. Box 632			2661 Executive Center Circle		

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

CompBenefits Direct, Inc.

	(Name of Corporation)				
	F0600000149				
	(Document Number of Corporation	(if known)			
	Delaware				
	(Incorporated Under Laws)	of)			
	orporation is no longer transacting business or conducting sarily surrenders its authority to transact business or conduct		rida ar	nd he	reby
appoint	orporation revokes the authority of its registered agent in its the Department of State as its agent for service of proce it was authorized to transact business or conduct affairs in	ess based on a cause of action			
The fol	lowing is a current mailing address for the corporation:				
	500 West Main Street, Law Department	ş	SEC SEC	5	
	(Mailing Address) Louisville, KY 40202	5	AHASSE AHASSE	SEP 27	77
	(City/ State /Zip)	j	OF STATE	*	ED
The cor	rporation agrees to notify the Department of State in the fur	ture of any change in its maili	ng add	ress.	
	Joan O. Lenoha	September 21, 2016			
	(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)			_
	Joan O. Lenahan	VP & Corporate Secretary			
	(Typed or printed name of person signing)	(Title of person sign	ing)		-