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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Priority Health Insurance Company			
(Name of Corporation)			
DOCUMENT NUMBER: F11000001011			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Ms. Christy Somerville			
(Name of Person)			
Priority Health			
(Firm/Company)			
1231 E Beltline NE, MS# 1340			
(Address)			
Grand Rapids, MI 49525-7024			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Jeremy Brieve at (616) 464-8863			
(Name of Person) (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

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

Priority Health Insurance Company (Name of Corporation)	
F11000001011 (Document Number of Corporation (i	if known)
	T KNOWII)
Michigan (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting after voluntarily surrenders its authority to transact business or conduct after the corporation revokes the authority of its registered agent in Fappoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in Florical Contractions and the contraction of the contraction	Florida to accept service on its behalf and passed on a cause of action arising during the
The following is a current mailing address for the corporation:	
1231 E Beltline NE (Mailing Address)	
Grand Rapids, MI 49525 (City/ State /Zip)	28 M 8
The corporation agrees to notify the Department of State in the future	e 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)	3/1/12 (Date)
Kimberly Thomas (Typed or printed name of person signing)	Vice President & General Counsel (Title of person signing)

FILING FEE \$35