

F250000 4531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

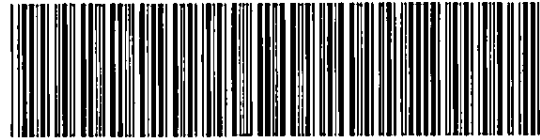
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2025 SEP 25 PM 4:18

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TALLAHASSEE

2025 SEP 25 PM 4:38



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 09/25/25
Order #: 4427010-1
Re: Ceres Life Insurance Company
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'Routine' in the previous block.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

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TALLAHASSEE

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ceres Life Insurance Company

(Name of Corporation)

DOCUMENT NUMBER: F25000004531

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

Please return all correspondence concerning this matter to the following:

Halina A. Zawodni

(Name of Person)

Faegre Drinker Biddle & Reath LLP

(Firm/Company)

320 South Canal Street, Suite 3300

(Address)

Chicago, Illinois 60606

(City/State and Zip code)

For further information concerning this matter, please call:

Halina A. Zawodni

at (312) 356-5032

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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**

Ceres Life Insurance Company

(Name of Corporation)

F25000004531

(Document Number of Corporation (if known))

Texas

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

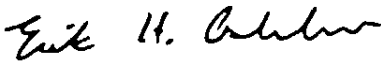
2 Corporate Dr, Suite 1060

(Mailing Address)

Shelton, CT 06484

(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)

09/22 /2025

(Date)

Erik Askelsen

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35

WD-484630