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ACCOUNT NUMBER	FCA000000005	FILED
REFERENCE: (Sub Account)	1603824-1	00 SEP 13 PM 2: 32
DATE:	9-13-00	SECRETARY OF STATE TALLAHASSEE, FLORIDA
REQUESTOR HANCE:	Lexis Document So	ervices.
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TELEPHONE: (	') () ux	rt ()
CONTACT NAME:		
CORPORATION NAME	: Prudential Healthcare a	nd Life Insurance
DOCUMENT NUMBER: (if applicable)	- Children	
AUTHORIZATIOH:	Cypillin J. Woody	ard
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## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Prudential HealthCare and Life Insurance Company of America (Name of Corporation)
State of New Jersey (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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.
Eisenhower Corporate Center, Building 3 290 West Mount Pleasant Avenue  (Mailing Address)
Livingston, New Jersey 07039 Attn: Christine Knight, Comptroller  (City/State/Zip)
ATE 32
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Signature of the chairman of vice chairman of the board, president, or any officer.  Title President
Doreen Faga 9/8/00 Typed or printed name Date