

January 18, 2001

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

Re:

AVCO INSURANCE AGENCY, INC.

WITHDRAWAL OF FOREIGN CORPORATION

900003573099--4 -01/24/01--01060--004 \*\*\*\*\*35.00 \*\*\*\*\*

Dear Secretary of State:

Enclosed you will find your State Form and required fees to process the withdrawal of Avco Insurance Agency, Inc. from your state.

If you have any concerns or questions, please feel free to contact me personally.

Regards,

Laila B. Soares

Vice President and Corporate Counsel

949-553-5948

LBS/ss

Enclosures:

State Form #CR2E023 Fee: \$35.00 (ck #276336)

1 Exact Copy of Certificate

O1 JAN 24 PM 2: 48
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

| AVCO INSURANCE AGEN  | CY, INC.                     |   |
|--|------------------------------|---|
| (Name of Corporati   | ion)                         |   |
|  |                              |   |
| ARIZONA<br>(Incorporated Under La  | ance Off                     | "   |
| (meorporated officer La  | 1WS O1)                      |   |
|  |                              |   |
| This corporation is no longer transacting business or cor<br>and hereby voluntarily surrenders its authority to transac  |                              |   |
| This corporation revokes the authority of its registered<br>behalf and appoints the Department of State as its agent<br>action arising during the time it was authorized to transa | for service of process based | on a cause of                             |
| The following is a current mailing address to which the any process against this corporation that may be served  |                              | nail a copy of                            |
| 18581 TELLER AVE., ATTN: GENERAL COUNSEL (Mailing Addres   | s)                           | <del></del>                               |
| IRVINE, CA 92612   |                              |   |
| (City/ State /Zip  | )                            |   |
| The corporation agrees to notify the Department of Stat address.  Lack B - Low   | VICE PRESIDENT               | in its mailing                            |
| Signature of the chairman or vice chairman of the board,   | Title                        | 7 <u>7</u> 81<br>0                        |
| president, or any officer.   |                              |   |
|  | JANUARY, 18, 2001            |   |
| Typed or printed name  | Date                         | V 24 PN 2: 48 ARY OF STATE ASSEE, FLORIDA |