F98000006936

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	(Requestor's Name)
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Maura Tepper Regulatory & Compliance Associate

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 Swiss Re Life & Health America Inc. 175 King St. Armonk, NY 10504 USA Direct line 914/828-8761 Direct fax 914/828-7761 maura_tepper@swissre.com

January 19, 2005

Withdrawal of Mission Life Insurance Company of America from the State of Florida Document No. F98000006936

Dear Sir or Madam

Enclosed please find a Transmittal Letter, Application by a Foreign Corporation for Withdrawal of Authority, and a check in the amount of \$52.50 covering the \$35.00 filing fee, \$8.75 for certification, and \$8.75 for an additional Certificate of Status.

If you have any questions regarding this withdrawal of authority, please call me at 877/794-7773 extension 8761 or contact me by email at <u>maura_tepper@swissre.com</u>.

Million Elect

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
Division of Corporations			
SUBJECT: Mission Life Insurance Company of America			
(Name of corporation)			
DOCUMENT NUMBER: F98000006936			
The enclosed withdrawal application and fee are submitted for	or filing.		
Please return all correspondence concerning this matter to the following:			
Maura Tepper			
(Name of Person))		
Reassure America Life Insurance Company			
(Firm/Company)			
175 King Street			
(Address)			
Armonic NIV 40504			
Armonk, NY 10504 (City/State and Zip code)			
(Chyrotice and Dip or	540)		
For further information concerning this matter, please call:			
Maura Tepperat (877)794-7773 ext. 8761		
	Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
409 E. Gaines St.	P.O. Box 6327		
Tallahassee, FL. 32399	Tallahassee, FL. 32314		

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

Missoin Life Insurance Company of America
(Name of Corporation)

(Name of Corp	oration)	≥: S	
F98000006936			
(Document Number of Cor	poration (if known)	8	
Toyon		三位 ※ し	
Texas (Incorporated Und	ler Laws of)		
		DA A	
This composition is no longer transacting business or and	u sain n seconina mialina alia c	Danie - C. Elizabeta - and S. Caralland	
This corporation is no longer transacting business or cond- voluntarily surrenders its authority to transact business or co		state of Florida and hereby	
Totalianly surrenders its additionly to daileder ousiness of o	onduct affairs in a fortua.		
This corporation revokes the authority of its registered a			
appoints the Department of State as its agent for service of		of action arising during the	
time it was authorized to transact business or conduct affair	s in Florida.		
The following is a current mailing address for the corporati-	on:		
,			
175 King Street (Mailing Add			
(Wanting Act	11699)		
Armonk, NY 10504			
(City/ State)	/Zip)		
The corporation agrees to notify the Department of State in	the future of any change i	in its mailing address	
_			
Floria B Kanana	1/11/2005		
(Signature of a director, president or other officer - if in the hands of a		(Date)	
receiver or other court appointed fiduciary, by that fiduciary)			
Elissa B. Kenny	Assistant Sec		
(Typed or printed name of person signing)	(Title of	person signing)	
DILINIC TER 628			

FILING FEE \$35