

N 15000005/95

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

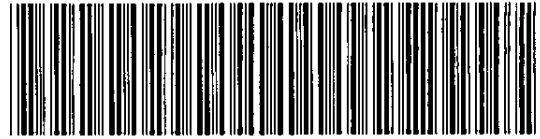
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O/D
Resign.

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The River Life Fund INC.

DOCUMENT NUMBER: W15000005195

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY WARREN

(Name of Contact Person)

(Firm/ Company)

223 Lakeview Cir.

(Address)

PANAMA CITY BEACH FL. 32413

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY Warren

(Name of Contact Person)

at 850 527-5614

(Area Code) (Daytime Telephone Number)

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

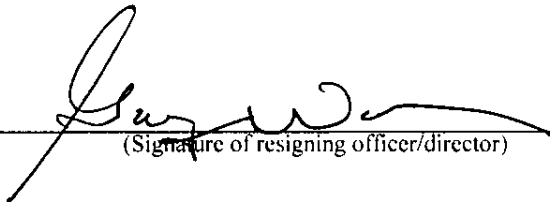
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Gary Warren, hereby resign as Am B R
(Title)

of The Rider Life Fund Inc.
(Name of Corporation)

N15000005195, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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