P00109

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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UNIFIED LIFE INSURANCE COMPANY

P.O. Box 25326 Overland Park, KS 66225-5326 913-685-2233

July 8, 2008

Florida Department of State Secretary of State Division of Corporations PO Box 8700 Tallahassee, FL 32314

Dear Sirs:

National Financial Insurance Company and American Insurance Company of Texas merged INTO Unified Life Insurance Company effective 10/1/07 and are, therefore, forwarding the attached withdrawal forms. The two companies have already notified the Florida Department of Insurance of the merger.

Sincerely,

Mary M. Rixey

Secretary

913-871-7282

mrixey@unifiedlife.com

Enc.



COVER LETTER

TO: Amendment Section Division of Corporation	
SUBJECT: NAT	(Name of Corporation) (Name of Corporation)
DOCUMENT NUMBER	R: <u>P00109</u>
The enclosed withdrawa	l application and fee are submitted for filing.
Please return all correspondent to the following:	endence concerning this
	MARY RIXEY (Name of Person)
	(Name of Person)
	UNIFIED LIFE INS CO (Firm/Company)
_	(Firm/Company)
	PO BOX 25326 (Address)
	(Address)
(OVERLAND PARK KS 66225-5326
4- ···	(City/State and Zip code)
For further information of	concerning this matter, please call:
MARY	Person) at (913) 871 7282 (Area Code & Daytime Telephone Number)
(Name of	Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

NATIONAL FINANCIAL INSURANCE COMPANY (Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known)
(Document Number of Corporation (if known)
(Document Number of Corporation (if known) TEXAS (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.
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:
PO BOX 25326 (Mailing Address)
(Mailing Address)
OVER LAND PARK KS 66225-5326 (City/State/Zip)
(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 bands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
MARY M. RIXEY SECRETARY (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35