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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Coventry Health and (Name of corporati	Life Insurance Compa
DOCUMENT NUMBER:	<u> </u>
The enclosed withdrawal application and fee are subm	itted for filing.
Please return all correspondence concerning this matter to the following:	
Shirley R. Smith (Name of Person)	
Carenty Health Care, In C	-
6705 Rockledge Dr. 4900 (Address)	
Bethesda, MD 20817 (City/State and Zip code)	L
For further information concerning this matter, please ca Shirley R. Smith at (3)	301) 581-0600
(Name of Person) (Are	a Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL. 32314

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

Coventry Health and Life Insurance Company
(Name of Corporation)
Delaware (Incorporated Under Laws Of)
(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 for the corporation:
6705 Rockledge Drive Suite 900 AND STATES
Bethesda, MD 20817 (City/State/Zip) Bethesda, MD 20817 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Shirley R. Smith 5/1/03 Typed or printed name Date