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## AMERICAN HEALTH AND LIFE INSURANCE COMPANY

3001 Meacham Blvd. Fort Worth, Texas 76137 Phone: (817)-820-5012

January 27, 2003

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

Subject:

Family Insurance Corporation

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. David Blodgett American Health and Life Insurance Company 3001 Meacham Blvd., Suite 200 Fort Worth, Texas 76137-4697

For further information concerning this matter, please feel free to contact me at (817) 820-5012.

Sincerely,

H. David Blodgett

Vice President, Assistant Secretary, and Assistant General Counsel

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

(Name of Corporation)

(Incorporated Under Laws Of)

Family Insurance Corporation

Wisconsin

This corporation is no longer trand hereby voluntarily surrended.  This corporation revokes the abehalf and appoints the Department action arising during the time it.  The following is a current mailing.	uthority of its registered agent ment of State as its agent for se was authorized to transact business.	ness or conduct affairs in t in Florida to accept so rvice of process based of iness or conduct affairs	n Florida. ervice on its on a cause of	
The following is a cuffent main	ing address for the corporation.			
Attention: John Hatch	3001 Meachan Blvd.		. O	
	(Mailing Address)	<del></del>	03 FEB	AND STATES
	Fort Worth, Texas 76137	<b>-</b> 4697	EB-3	2
	(City/ State /Zip)		Fig. P	
The corporation agrees to notif	y the Department of State in th	e future of any change i	3: 0 51A FLOR	V.
address.	•		Þ.	
NOABIM		Vice President		
Signature of the chairman or vice president, or any officer, or if the receiver, trustee, or other court-	e chairman of the board, e corporation is in the hands of a appointed fiduciary, by that fiduciary.	Title	<del></del>	
H. David Blodgett	January 17, 2003	_	,	
Typed or printed name	<u> </u>	Date	<u></u>	