

P25246

CHECK VERIFICATION

Check # _____

Check Date _____



MassMutual

The Blue Chip Company SM

Massachusetts Mutual Life Insurance Company
Springfield MA 01111-0001

Date Sent _____

Amount \$35.00

700003270907--6
-05/30/00--01129--013
*****35.00 *****35.00

Payable to Florida Department of State

Purpose Withdrawal from Florida Secretary of State's Office

Company CM Assurance Company

FILED
00 MAY 30 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please complete, fold to here and send to:

Jan Daubmann
B040

6/8
all
withdrawal

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

CM Assurance Company

(Name of Corporation)

State of Connecticut

(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

Ann F. Lomeli, 1295 State Street

(Mailing Address)

Springfield, MA 01111

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Ann F. Lomeli Senior Vice President and
Signature of the chairman or vice chairman of the board, Title Secretary
president, or any officer.

Ann F. Lomeli

Typed or printed name

May 19, 2000

Date

FILED
00 MAY 30 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA