## P40155

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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ALLAHASSEE, FLORG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 959273 7206337 AUTHORIZATION : COST LIMIT ( 35,35,00 MA) ORDER DATE: August 28, 2023 ORDER TIME : 2:29 PM ORDER NO. : 959273-005 CUSTOMER NO: 7206337 FOREIGN FILINGS NAME: HARLEYSVILLE LIFE INSURANCE COMPANY XX\_\_\_ CORPORATE \_\_\_\_ LIMITED PARTNERSHIP \_\_\_ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER: \_\_\_\_\_

CONTACT PERSON: Eyliena Baker - EXT#

## **COVER LETTER**

	ndment Section sion of Corporations		
SUBJECT:	Harleysville Life Insurance Compan	ny	
00202011		(Name of Corporation)	
DOCUMEN	NT NUMBER: P40155		
The enclosed	d withdrawal application and	fee are submitted for filing.	
Please return	all correspondence concerning	g this matter to the following:	
		(Name of Person)	
		(Firm/Company)	
<del>,</del>	• • • • • • • • • • • • • • • • • • • •	(Address)	
	(C	City/State and Zip code)	
For further in	nformation concerning this mat	tter, please call:	
Mark E. Hartn	nan	at ( 614 ) 677-6367	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a	a check for the amount:		
□ \$35 Filin	g Fee S43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Ame Divis P.O.	ng Address: ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

Harleysville Life Insuran	ce Company				
	(Name of Corporation)				
P40155					
_	(Document Number of Corporation (	if known)	<u> </u>		
Ohio 08/24/1992					
(Incorporated Und	er Laws of and date authorized to transac	t business/conduct its af	fairs)		
This corporation revokes the a appoints the Department of Star	ransacting business or conducting as rity to transact business or conduct a authority of its registered agent in the as its agent for service of process ct business or conduct affairs in Flori	affairs in Florida. Florida to accept se based on a cause of a	rvice on	its bel	half and
The following is a current maili	ing address for the corporation:		TĂĹŰ	2023 /	
	One West Nationwide Blvd.		AHA:	AUG	<u> </u>
	(Mailing Address)  Columbus, Ohio 43215		AHA SSEE, FI	28 AM (0:	
	(City/ State /Zip)		ORIDA	0.	U
The corporation agrees to notify	y the Department of State in the futu	re of any change in i	ts mailin	g addn	ess.
(Signature of a director, presider receiver or other court appointed	nt or other officer - if in the hands of a ed fiduciary, by that fiduciary)	8/28 S	<u>207</u>	3	<del></del>
Mark E. Hartman		Assistant Secretary			
(Typed or printed name	of person signing)	(Title of pe	rson signing	g)	<b></b>

**FILING FEE \$35**