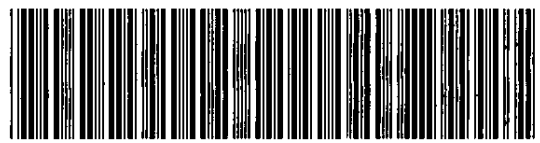


812643



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01/21/10--01028--001 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 FEB -3 AM 8:26

Withdrawal  
at  
1a 2/3/10

(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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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlantic Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** 812643

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Berridge, Esq.  
(Name of Person)  
Nationwide Mutual Insurance Company  
(Firm/Company)  
One Nationwide Plaza, 1-35-101  
(Address)  
Columbus, OH 43215  
(City/State and Zip code)

For further information concerning this matter, please call:

Thomas Berridge, Esq. at ( 614 ) 249-0878  
(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



RECEIVED IPG

JAN 29 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2010

THOMAS BERRIDGE, ESQ.  
NATIONWIDE MUTUAL INSURANCE COMPANY  
ONE NATIONWIDE PLAZA, 1-35-101  
COLUMBUS, OH 43215

SUBJECT: ~~FREEDOM SPECIALTY INSURANCE COMPANY~~ Atlantic Insurance Company  
Ref. Number: ~~F09000003974~~ 812643

We have received your document for FREEDOM SPECIALTY INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is registered with the office as the above name, please list the name as filed with this office. Also, the state of incorporation is OHIO, see the enclosed original documents filed with this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 010A00001826

RECEIVED  
2010 FEB -3 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Atlantic Insurance Company  
\_\_\_\_\_  
(Name of Corporation)

812643  
\_\_\_\_\_  
(Document Number of Corporation (if known))

Texas  
\_\_\_\_\_  
(Incorporated Under Laws of)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 FEB - 3 AM 8:26

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.

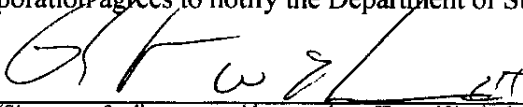
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

4600 Fuller Drive  
\_\_\_\_\_  
(Mailing Address)

Irving, TX 75038  
\_\_\_\_\_  
(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 hands of a receiver or other court appointed fiduciary, by that fiduciary)

1-20-2010  
\_\_\_\_\_  
(Date)

Robert W. Horner, III  
\_\_\_\_\_  
(Typed or printed name of person signing)

VP/Secretary, Freedom Specialty Insurance Company  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**