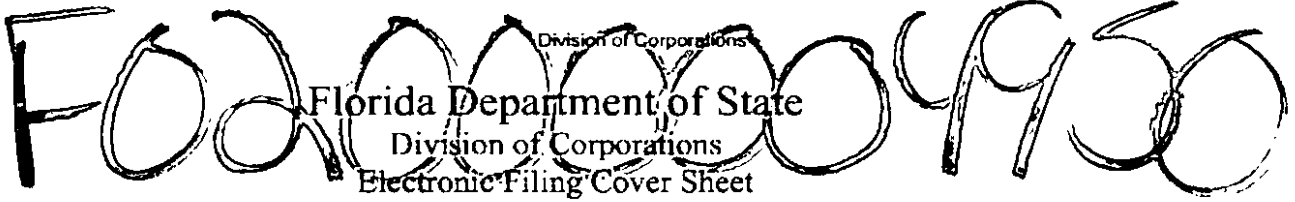


12/20/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

**DISSOLUTION OR WITHDRAWAL  
 REGIONS INSURANCE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

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DEC 21 2018

T. LEMIEUX

*Handwritten signature*

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

REGIONS INSURANCE, INC.  
(Name of Corporation)

F02000004950  
(Document Number of Corporation (if known))

ARKANSAS  
(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:

C/O ASST CORP SECY. BB&T, 200 WEST SECOND STREET, 3RD FLOOR  
(Mailing Address)

WINSTON-SALEM, NC 27101  
(City/ State /Zip)

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2018 DEC 20 AM 15  
STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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)

12/10/2018  
(Date)

RICK ULMER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE \$35**