

801980



Barbara A. Stevens
Senior Administrative Analyst
Corporate Law Division

May 17, 2000

Florida Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

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-05/25/00--01093--003
*****35.00 *****35.00

Re: **Zurich Insurance, U.S. Branch #801980**
Application for Withdrawal

Enclosed are the following documents for the purpose of withdrawal of authority to transact business in Florida for Zurich Insurance Company, U.S. Branch:

- Application withdrawal form;
- Our check in the amount of \$35.00 in payment of the filing fee; and
- For your convenience, a copy of your Corporate Detail Record Screen.

If you have any questions regarding this withdrawal, please contact me at the address or phone shown below.

Very truly yours,

Barbara A. Stevens
Senior Administrative Analyst

enclosures

ZurichUS
1400 American Lane
Schaumburg, Illinois
60196-1056

Telephone 847 605 6007

Fax 847 605 4356

Internet barbara.stevens@zurichus.com

00 MAY 25 AM 10:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP
6/6/00
with

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

Zurich Insurance Company, U.S. Branch

(Name of Corporation)

Switzerland

(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.

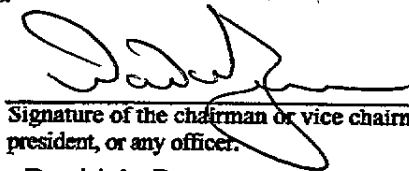
1400 American Lane

(Mailing Address)

Schaumburg IL 60196-1056

(City/ State /Zip)

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



Signature of the chairman or vice chairman of the board,
president, or any officer.

Executive Vice President

Title

David A. Bowers

5/12/2000

Typed or printed name

Date

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00 MAY 25 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA