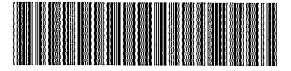
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TALLAHASSEE FIORIA

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: The Connecticut Indemnity Company			
(Name of Corporation)			
DOCUMENT NUMBER: 805838			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Judy Spitzer, MS1313			
(Name of Person)			
Royal & SunAlliance			
(Firm/Company)			
9300 Arrowpoint Blvd.			
(Address)			
Charlotte, NC 28273			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Judy Spitzer at (704) 522-2841			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallabassee, FL 32314 Content of Corporations 2661 Evecutive Center Circle			

Tallahassee, FL 32301

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

The Connecticut Indemnity Compar	าง	
(Name of Corporation)		
(Document Number of Corporation (i	f known)	<u> </u>
0 " - 1		
Connecticut (Incorporated Under Laws of	<u> </u>	<u>=</u>
(moorporated Order Laws of	.,	*
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct at		Florida and hereby
This corporation revokes the authority of its registered agent in lappoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flori	based on a cause of action	
The following is a current mailing address for the corporation:		O5 TALL
9300 ARROWPOINT BOULEVAL	RD, MS1313	OCI OCI CRET
(Mailing Address)		I B
Charlotte, NC 28273		
(City/ State /Zip)		ORIDA ORIDA
The corporation agrees to notify the Department of State in the future	e of any change in its ma	iiling address.
(Signature of a director) president or other officer. If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	10/10/2005 (Date)	
Judy S. Spitzer	Asistant Corporat	
(Typed or printed name of person signing)	(Title of person s	agning)

FILING FEE \$35