

807215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

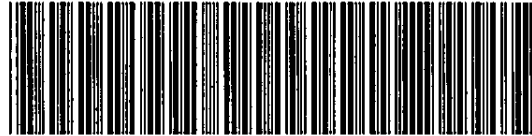
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
16 MAR 14 AM 7:56

APR 20 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2016

ZURICH NORTH AMERICA / ATTN: ELLA LIBERMAN  
1400 AMERICAN LANE  
SCHAUMBURG, IL 60196-1056 US

SUBJECT: ZURICH AMERICAN INSURANCE COMPANY  
Ref. Number: F99000000100

We have received your document for ZURICH AMERICAN INSURANCE COMPANY and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapters 607 and 617, Florida Statutes, do not provide for the filing of Articles of Merger between two foreign corporations. Therefore, a withdrawal application should be filed for any foreign corporation which is no longer transacting business in Florida due to a merger. A form and guidelines are enclosed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 516A00005838

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Assurance Company of America  
(Name of Corporation)

**DOCUMENT NUMBER:** 807215

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

Please return all correspondence concerning this  
matter to the following:

Ella Liberman

(Name of Person)

Zurich North America

(Firm/Company)

1400 American Lane

(Address)

Schaumburg, IL 60196

(City/State and Zip code)

For further information concerning this matter, please call:

Larry Venturelli

(Name of Person)

at (410) 559-8344

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

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

**Assurance Company of America**

(Name of Corporation)

**807215**

(Document Number of Corporation (if known))

**New York**

(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:

**1400 American Lane**

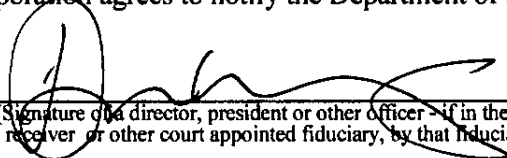
(Mailing Address)

**Schaumburg, IL 60196**

(City/ State /Zip)

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DIVISION OF CORPORATIONS  
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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)

**Dennis F. Kerrigan**

(Typed or printed name of person signing)

**4-13-2016**

(Date)

**Corporate Secretary**

(Title of person signing)

**FILING FEE \$35**