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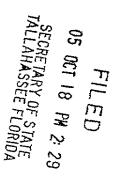
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Safeguard Insurance Company
(Name of Corporation)
DOCUMENT NUMBER: 811952
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 Spitzerat (704 522-2841
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS. MAILING ADDRESS.

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

MAILING ADDRESS:
Amendment Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Safeguard Insurance Company
(Name of Corporation)

(Document Number of Corporation (if	known)				
Connecticut (Incorporated Under Laws of)	,,		_		
This corporation is no longer transacting business or conducting affavoluntarily surrenders its authority to transact business or conduct affa		Florida	and	hereby	
This corporation revokes the authority of its registered agent in Fl appoints the Department of State as its agent for service of process be time it was authorized to transact business or conduct affairs in Florid	ased on a cause of action				
The following is a current mailing address for the corporation:		SECR TALLA	05		
9300 ARROWPOINT BOULEVAR	RD, MS1313	ETAF	007 1	<u> </u>	
Charlotte, NC 28273		Y OF STA	8 2:	LED	
(City/ State /Zip)		DE.	29		
The corporation agrees to notify the Department of State in the future	of any change in its ma	ailing a	ddres	is.	
Judy S. Bitz 10/10/200					
(Signature of a dilector, president of other of ther - if in the hands of a receiver or other court appointed liduciary, by that fiduciary)	(Date)	-			
Judy S. Spitzer (Typed or printed name of person signing)	Asistant Corpora		creta	ary	
(Typed or printed name of person signing) (Title of person signing)					

FILING FEE \$35