

816258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

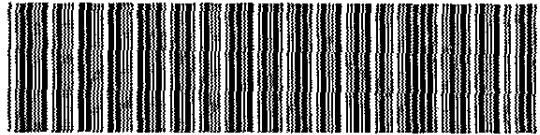
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07 FEB 21 PM 12:55
CLERK OF STATE
ALLIANCE FLORIDA

T. Roberts FEB 22 2007



COLLEEN K. LYNCH
Paralegal

Liberty Mutual Agency Markets
175 Berkeley Street - Mail Stop 06E
Boston, MA 02117
Telephone: (617) 654-3683
Fax: (617) 574-5557
Colleen.Lynch@LibertyMutual.com

February 16, 2007

State of Florida
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: **Excelsior Insurance Company**
Document No. - 816258
Application by Foreign Corporation for Withdrawal

Dear Sir or Madam:

Enclosed is an Application by Foreign Corporation for Withdrawal of authority to transact business or conduct affairs in Florida for the above-referenced entity and a fee of forty three dollars and seventy-five cent for the filing and a certified copy.

If you require additional information please contact me at (617) 654-3683.

Sincerely,

Colleen K. Lynch
Paralegal

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Excelsior Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: 816258

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

Please return all correspondence concerning this
matter to the following:

Colleen Lynch
(Name of Person)
Liberty Mutual Insurance Company c/o Liberty Mutual Agency Markets
(Firm/Company)
175 Berkeley Street
(Address)
Boston, MA 02117
(City/State and Zip code)

For further information concerning this matter, please call:

Colleen Lynch at (617) 654-3683
(Name of Person) (Area Code & Daytime Telephone Number)

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**

Excelsior Insurance Company (Name of Corporation)	FILED 07 FEB 21 PM 12:55 CLERK OF STATE TALLAHASSEE, FLORIDA
816258 (Document Number of Corporation (if known))	
New York (Incorporated Under Laws of)	

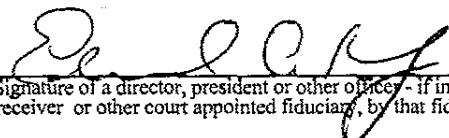
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

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:

62 Maple Avenue (Mailing Address)
Keene, NH 03431 (City/ State /Zip)

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)

Edmund C. Kenealy
(Typed or printed name of person signing)

February 14, 2007
(Date)

Secretary
(Title of person signing)

FILING FEE \$35