

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (85D)878-536B

DISSOLUTION OR WITHDRAWAL

BERKLEY LIFE AND HEALTH INSURANCE COMPANY

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Electronic Filing Menu

Corporate Filing Menu

Help

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

| Berkley Life and Health Insurance Company (Name of Corporation | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| trans a cabatan | , |
| ₹ | |
| 818133 (Document Number of Corporation | ((Chartun) |
| footshire in the forester | (ii satewity |
| lowa | |
| (Incorporated Under Laws | of) |
| is corporation is no longer transacting business or conducting surrenders its authority to transact business or conduct | |
| is corporation revokes the authority of its registered agent in soints the Department of State as its agent for service of process e it was authorized to transact business or conduct affairs in Flo | based on a cause of action arising during the |
| following is a current mailing address for the corporation: | |
| 475 Steamboat Road | |
| (Mailing Address) | |
| ` | |
| Greenwich, CT 06830 | |
| (City/ State /Zip) | |
| | |
| corporation agrees to notify the Department of State in the futu | re of my change in its mailing address. |
| | |
| (Strature of a director, president or other Officer - If in the hands of a | 5/5/09 (Date) |
| receiver or other court appointed fiduciary, by that fiduciary) | (5.00) |
| Kathieen A. Ferreira | Assistant Secretary |
| (Typed or printed name of person signing) | (Title of person signing) |
| FILING FEE \$35 | CONTRACT TOWNS |
| | 75 |
| NORRE C T Jyphen, Online | |
| Andreas I ab Bases and angulates | ~~ |