

821234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

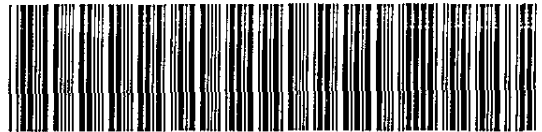
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600016795746

04/24/03--01081--007 **35.00

FILED
03 APR 24 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/2

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN CONTINENTAL INSURANCE CO.
(Name of corporation)

DOCUMENT NUMBER: 821234

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

Please return all correspondence concerning this matter to the following:

Ms. KRISTI GILBERTSON
(Name of Person)

ST. PAUL COMPANIES
(Firm/Company)

385 WASHINGTON ST.
(Address)

ST. PAUL, MN 55102
(City/State and Zip code)

For further information concerning this matter, please call:

Ms. KRISTI GILBERTSON at (651) 310-7219
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

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

AMERICAN CONTINENTAL INSURANCE COMPANY
(Name of Corporation)

MISSOURI
(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.

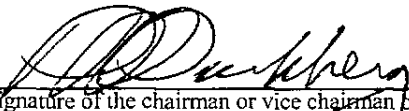
The following is a current mailing address for the corporation:

385 WASHINGTON ST.
(Mailing Address)
ST. PAUL, MN 55102
(City/ State /Zip)

03 APR 24 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


Signature of the chairman or vice chairman of the board,
president, or any officer, or if the corporation is in the hands of a
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

SENIOR VICE PRES.
Title

BRUCE BACKBERG.
Typed or printed name

SENIOR VICE PRES.
Date