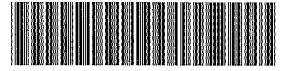
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Phoenix Assurance Company of New York		
(Name of Corporation)		
DOCUMENT NUMBER: 839753		
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 Spitzer at (704) 522-2841		
(Name of Person) (Area Code & Daytime Telephone Number)		
\cdot		
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

Phoenix Assurance Company of Nev	w York	· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation)			
(Document Number of Corporation (if	known)		
New Hampshire			
(Incorporated Under Laws of)			
his corporation is no longer transacting business or conducting affa oluntarily surrenders its authority to transact business or conduct affa		Florida and f	nereby
his corporation revokes the authority of its registered agent in Florionits the Department of State as its agent for service of process be ne it was authorized to transact business or conduct affairs in Florid	ased on a cause of action		
ne following is a current mailing address for the corporation:		OS OU SECRE TALLAH	• ŧ
9300 ARROWPOINT BOULEVAR	RD, MS1313	TARY	=
(Mailing Address) Charlotte, NC 28273		PH 2: OF STA: E FLORI	
(City/ State /Zip)		Σ	
he corporation agrees to notify the Department of State in the future	of any change in its ma	iling address	3.
(Signature of a director, president or other officer II in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	10/10/2005 (Date)		
Judy S. Spitzer	Asistant Corporat		₃ry
Typed or printed name of person signing)	(Title of person s		

FILING FEE \$35