

842143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

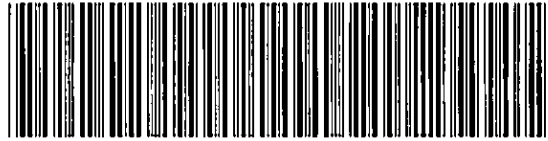
(Business Entity Name)

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TALLAHASSEE, FLOR.

STATE OF FLORIDA
TALLAHASSEE, FL

2/20/2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 02/17/2022

Acc#I20160000072

en: c DW

Name:	ALLSTATE NORTHBROOK INDEMNITY COMPANY
Document #:	
Order #:	14789706 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allstate Northbrook Indemnity Company

(Name of Corporation)

DOCUMENT NUMBER: 842143

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

Please return all correspondence concerning this matter to the following:

Barbara Green (barb.green@allstate.com)

(Name of Person)

Allstate Insurance Company

(Firm/Company)

3100 Sanders Road, Suite 201

(Address)

Northbrook, IL 60062

(City/State and Zip code)

For further information concerning this matter, please call:

Barbara Green

at (847) 402-5000

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Allstate Northbrook Indemnity Company

(Name of Corporation)

842143

(Document Number of Corporation (if known))

Illinois

12/21/1979

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

3100 Sanders Road, Suite 201

(Mailing Address)

Northbrook, IL 60062

(City/ State /Zip)

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

Lisette S. Willemsen

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

February 16, 2023

(Date)

Lisette S. Willemsen

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35