850850

(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



700085554387

01/29/07--01016--022 **35.00

2007 JAN 29 PM 2: 14 SECRETARY OF STATE TALLAHASSEE, FI OBIG

c. Comment JAN 2 9 2007

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Fort Wayne Health & Casualty Insurance Company

(Name of Corporation)

DOCUMENT NUMBER: 850850

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Lemon

(Name of Person)

Swiss Re Life & Health America Inc.

(Firm/Company)

1700 Magnavox Way

(Address)

Fort Wayne, IN 46804

(City/State and Zip code)

For further information concerning this matter, please call:

Mark Lemon

at (260) 435-8655

(Name of Person)

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET 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

850850

Fort Wayne Health & Casualty Insurance Company (Name of Corporation)

(Document Number of Corporation (if known)

Indiana	
(Incorporated Under Law	vs of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proce time it was authorized to transact business or conduct affairs in F	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	20 TAL
175 King Street	CRECAL LAND
(Mailing Address)	FILED JAN 29 PA ETARY OF HASSEE, FI
Armonk, NY 10504	F P
(City/ State /Zip)	2: 14 TATE ORIBA
The corporation-agrees to notify the Department of State in the fine of State in the fine of State in the fine of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	uture of any change in its mailing address. / 2 6 07 (Date)
Mark Lemon (Typed or printed name of person signing)	Assistant Secretary (Title of person signing)

FILING FEE \$35