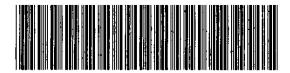
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T. Bures ALLS II I

TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: HCC BENEFITS CORPORATION	
(Name of corp	poration)
DOCUMENT NUMBER: F01000003286	
The enclosed withdrawal application and fee are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
JAMES L. SIMMONS	
(Name	e of Person)
HCC SERVICE COMPANY	
(Firm	/Company)
13403 NORTHWEST FREEWAY	
(A	Address)
HOUSTON, TX 77040	
(City/Stat	e and Zip code)
For further information concerning this matter, plea	ase call:
DEBRA M. GREEN at	(713) 690-7300 EXT. 675
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Amondment Section	Amendment Section

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

HCC BENEFITS CORPORATION	<u> </u>
(Name of Co	rporation) TEO ALC
F01000003286	5 - 5 - 5
(Document Number of Co	orporation (if known)
DELAWARE	OF E
(Incorporated Un	nder Laws of)
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or This corporation revokes the authority of its registered appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affairment of the conduct affairment of	agent in Florida to accept service on its behalf and of process based on a cause of action arising during the airs in Florida.
The following is a current mailing address for the corpora	tion:
HCC BENEFITS CORPORATION C/O HCC SE	
(Mailing A	Address)
13403 NORTHWEST FREEWAY, HOUS	
(City/ Stat	te /Zip)
The corporation agrees to notify the Department of State	in the future of any change in its mailing address.
Mun	JULY 23, 2008
gnature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	of a (Date)
JAMES L. SIMMONS	SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35