F010000004033

(Re	equestor's Name)	<u> </u>
(Address)		
(Ac	ldress)	
(C)	ty/State/Zip/Phone	e #)
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Wilhdrawal Ma 8/16/12

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Professional Solut	tions Insura	nce Company
	(Name of Corporat	
DOCUMENT NUMBER: F010000	04033	
The enclosed withdrawal application and for Please return all correspondence concerning		
Juli Frank		
	(Name of Person)	
Professional Solution	ns Insuranc	e Company [.]
	(Firm/Company)	
14001 University Ave	enue	
	(Address)	
Clive, IA 50325		
	ity/State and Zip co	de)
For forth and information concerning this most	or place call	
For further information concerning this matter. Juli Frank		313-4557 ode & Daytime Telephone Number)
(Name of Person) Enclosed is a check for the amount:	(Area C	ode & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

Professional Solutions Insurar	nce Company
(Name of Corporation)	
F01000004033	ىن <u>بۇ</u> ئ
(Document Number of Corporation	(if known)
lowa	of)
(Incorporated Under Laws	of)
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proce the time it was authorized to transact business or conduct affairs in The following is a current mailing address for the corporation: 14001 University Avenue (Mailing Address) Clive, IA 50325	Florida to accept service on its behalf and ess based on a cause of action arising during
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	8/8/12
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jacquie Anderson (Typed or printed name of person signing)	Corporate Secretary (Title of person signing)

FILING FEE \$35