

F01xxxx04088

\_\_\_\_\_  
(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



100184513921

08/24/10--01015--030 \*\*105.00

W. Howard  
SG

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 24 AM 10:04

FILED

8-25-10



J. Nicole Pryor  
Senior Corporate Counsel

21st Century Insurance and Financial Services  
3 Beaver Valley Road, 5<sup>th</sup> Floor  
Wilmington, DE 19803  
302.252.4947 (p)  
302.252.4943 (f)  
[nicole.pryor@21st.com](mailto:nicole.pryor@21st.com)

August 18, 2010

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

**RE: American International Insurance Company of Delaware  
21st Century Casualty Company  
21st Century Insurance Company of the Southwest  
Application by Foreign Corporation for Withdrawal of Authority to Transact Business  
or Conduct Affairs in Florida**

Dear Sir or Madam:

American International Insurance Company of Delaware, 21st Century Casualty Company and 21st Century Insurance Company of the Southwest (the "Companies") currently hold Certificates of Authority from the Florida Department of State. As the Companies are not conducting business in Florida, they desire to withdraw.

Accordingly, enclosed please find the following:

- Cover Letter and Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida (original and copy for each of the Companies)
- \$105 filing fee (i.e., \$35/Company)
- Stamped self-addressed envelope

It is requested that when the applications are approved that a stamped copy of the applications be returned for our records.

If you have any questions or require any additional information, please let me know.

Regards,

A handwritten signature in cursive script, appearing to read 'Nicole Pryor', written over the printed name.  
J. Nicole Pryor

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 21st Century Casualty Company  
(Name of Corporation)

**DOCUMENT NUMBER:** F01000004088

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

Please return all correspondence concerning this  
matter to the following:

J. Nicole Pryor

(Name of Person)

21st Century Insurance and Financial Services, Inc.

(Firm/Company)

21st Century Plaza, 3 Beaver Valley Road

(Address)

Wilmington, DE 19803

(City/State and Zip code)

For further information concerning this matter, please call:

J. Nicole Pryor

(Name of Person)

at ( 302 ) 252-4947

(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**

21st Century Casualty Company

(Name of Corporation)

F01000004088

(Document Number of Corporation (if known))

California

(Incorporated Under Laws of)

FILED  
2010 AUG 24 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

21st Century Plaza, 3 Beaver Valley Road

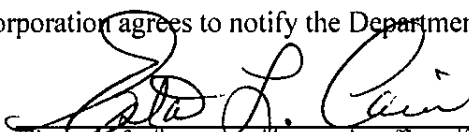
(Mailing Address)

Wilmington, DE 19803

(City/ State /Zip)

Attn: Esta L. Cain

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



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

7/22/10

(Date)

Esta L. Cain

(Typed or printed name of person signing)

Senior Vice President

(Title of person signing)

**FILING FEE \$35**