

FOI000004170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

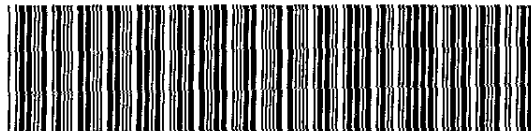
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900016336779

04/21/03--01067--011 **35.00

03 APR 21 PM 1:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

FOI 000004170
360 FF Wick ey
4-21-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Risk Management Administrators Inc
(Name of corporation)

DOCUMENT NUMBER: F01000004170

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

Please return all correspondence concerning this
matter to the following:

Barbara Donnar
(Name of Person)

Supportive Insurance Services
(Firm/Company)

4207 E Flaningam Rd
(Address)

Bruceville IN 47516
(City/State and Zip code)

For further information concerning this matter, please call:

Barbara Donnar at (812) 324-2256
(Name of Person) (Area Code & Daytime Telephone Number)

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

MAILING ADDRESS:
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**

Risk Management Administrators Inc.

(Name of Corporation)

Indiana

(Incorporated Under Laws Of)

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:

8465 Keystone Crossing, Suite 190

(Mailing Address)

Indianapolis IN 46240

(City/ State /Zip)

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

Stanley Murray

President

Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

Stanley Murray

Typed or printed name

4/14/2003

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 APR 21 PM 1:20

FILED