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COVER LETTER

	nendment Section vision of Corporations
SUBJEC'	C: Oriska Insurance Company
	(Name of Corporation)
DOCUM	F0200000659 ENT NUMBER:
The enclo	sed withdrawal application and fee are submitted for filing.
	arn all correspondence concerning this he following:
	Ricardo Rios
_	(Name of Person)
	Oriska Insurance Company
_	(Firm/Company)
_	P.O. Box 855 / 1310 Utica Street
	(Address)
	Oriskany, NY 13424
_	(City/State and Zip code)
For furthe	information concerning this matter, please call:
	Ricardo Rios at (315) 768-2726
	(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

oriska insurance company
(Name of Corporation)
F02000000659
(Name of Corporation) F02000000659 (Document Number of Corporation (if known) State of Florida (Incorporated Under Laws of)
State of Florida (Incorporated Under Laws of)
(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 an appoints the Department of State as its agent for service of process based on a cause of action arising during the conduction of the
time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
P.O. Box 855 / 1310 Utica Street
(Mailing Address)
Oriskany, NY 13424
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Ricardo Rios Treasurer
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35