## F0500006759

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TALLAHASSEF FLORICA

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: BEAKLE	Y SURETY GROUP, INC.			
SUBJECT: BERKLEY SURETY GROUP, INC. (Name of Corporation)				
DOCUMENT NUMBER: F0500006759				
The enclosed withdrawal application and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
KAROL	INE OSSONSKI			
	(Name of Person)			
C/o ACADIA	INSURANCE COMPANY			
(Firm/Company)				
ONE ACADIA COMMONS				
(Address)				
WESTBROOK, ME 04098				
(City/State and Zip code)				
For further information concerning this matter, please call:				
KAROLINE OSSOWSKI at (207 ) 228 - 1932 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person	(Area Code & Daytime Telephone Number)			
MAILING ADI Amendment Sec Division of Corp	tion Amendment Section			

P.O. Box 6327 Tallahassee, FL 32314 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

		<b></b> -	
	BERKLEY SURETY GROUP II	A.S.S. € 60 M	
	BERKLEY SURETY GROUP, II	AR 2	
	F05000006759	LED 3 PH RY OF	
	(Document Number of Corporation (if known)	12: 05 STATE LORIDA	
	DELANARE		
	(Incorporated Under Laws of)	<del></del>	
	poration is no longer transacting business or conducting affairs within the State of ily surrenders its authority to transact business or conduct affairs in Florida.	Florida and hereby	
appoints	rporation revokes the authority of its registered agent in Florida to accept service the Department of State as its agent for service of process based on a cause of action vas authorized to transact business or conduct affairs in Florida.	te on its behalf and on arising during the	
The follo	owing is a current mailing address for the corporation:		
΄,	C/O ACADIA INSURANCE COMPANY, (Mailing Address)	ONE ACADIA COM	MON!
	(Maning Address)		
	WESTBROOK, ME 04098		
	(City/ State /Zip)	<del></del>	
The corp	poration agrees to notify the Department of State in the future of any change in its ma	nailing address.	
	MCIA-RE	0	
7	Signature of a director, president or other officer - if in the hands of a (Date)	004	
,	receiver or other court appointed fiduciary, by that fiduciary)		
-	CHARLES A. HAMBLEN (Typed or printed name of person signing)  CFO /TREASU/ (Title of person	RER SUP	
	(Title of person	n signing) *	

**FILING FEE \$35**