## F05000007228

(Requestor's Name)				
(Address)				
(Add	lress)			
(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



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
	20th Continuing	rance Servi	ces inc	
SUBJI	ECT: 20th Contary mod	(Name of Corporati		
	MENT NUMBER. F050000	•	··· <i>y</i>	
DOCU	MENT NUMBER: FUOUUU		·	
The en	closed withdrawal application and f	ee are submitted for	filing.	
	return all correspondence concerning to the following:	this		
	Nicole Pryor		•	
(Name of Person)				
21st Century Insurance				
(Firm/Company)				
21st Century Plaza, 3 Beaver Valley Road				
		(Address)	<del>.</del>	
	Wilmington, DE 198	03		
	(Ci	ity/State and Zip cod	e) .	
For fur	ther information concerning this matte	er, please call:	•	
	ole Pryor		252-4947	
Enclos	(Name of Person) ed is a check for the amount:	(Area Co	ode & Daytime Telephone Number)	
<b>Z</b> \$35	Filing Fee \$\bigs\\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i 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	



J. Nicole Pryor Senior Corporate Counsel

February 1, 2013

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314 21st Century Insurance 3 Beaver Valley Road, 5<sup>th</sup> Floor Wilmington, DE 19803 302.252.4947 (p) 302.252.4943 (f) nicole.pryor@21st.com

RE: 20th Century Insurance Services, Inc.
Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida

Dear Sir or Madam:

20th Century Insurance Services, Inc. (the "Company") is a Nevada domiciled company, which currently holds a Florida Certificate of Authority. As the Company is not conducting business in Florida, it desires to withdrawal.

Accordingly, enclosed please find the following:

- Cover Letter
- Application for Certificate of Withdrawal (duplicate originals)
- \$35 filing fee
- Stamped self-addressed envelope

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

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

Regards,

J. Nicole Pryor

**Enclosures** 

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

20th Century Insurance Service	ces, Inc.
(Name of Corporation)	
F05000007228	
(Document Number of Corporation	(if known)
Nevada	
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	
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	ss based on a cause of action arising during
The following is a current mailing address for the corporation:	
3 Beaver Valley Road Attn: Le	gal Department
(Mailing Address)	<u>ာ်</u> တူ <b>ထိ</b>
Wilmington, DE 19803	CARETA TO
(City/ State /Zip)	Shy - The
The corporation agrees to notify the Department of State in the futu	The state of the s
(Signature of a Arector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	//3/13 (Date)
Glenn A. Pfeil	VP, CFO & Treasurer
(Typed or printed name of person signing)	(Title of person signing)