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COVER LETTER

SUBJECT: SECURITY INSURANCE COMPANY OF HARTFORD		
(Name of Corporation)		
DOCUMENT NUMBER: F06000000870		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JUDY SPITZER		
(Name of Person)		
ARROWPOINT CAPITAL		
(Firm/Company)		
3600 ARCO CORPORATE DRIVE		
(Address)		
CHARLOTTE NC 28273		
(City/State and Zip code)		
For further information concerning this matter, please call:		
JUDY SPITZER at (704) 522-2841		
(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

SECURITY INSURANCE COMPA	
(Name of Corp	poration)
	L2
F06000000870	
(Document Number of Cor	poration (if known)
DELAWARE	
(Incorporated Und	er Laws of)
This corporation is no longer transacting business or cond voluntarily surrenders its authority to transact business or c	
This corporation revokes the authority of its registered a appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affair	process based on a cause of action arising during the
The following is a current mailing address for the corporati	on:
3600 ARCO CORPORATE DRIVE	
(Mailing Ad	dress)
CHARLOTTE NC 28273	
(City/ State	/Zip)
The corporation agrees to notify the Department of State in (Signature of a director, president or other officer) if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	7/7/2008
JUDY SPITZER	Assistant Secretary

FILING FEE \$35