

F0600000 6967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

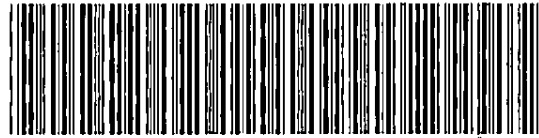
(Document Number)

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JAN 31 2019

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19 JAN 30 AM 9:29

19 JAN 30 AM 10:48

WTH

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 606642 7206337

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : January 29, 2019

ORDER TIME : 5:42 PM

ORDER NO. : 606642-005

CUSTOMER NO: 7206337

FOREIGN FILINGS

NAME: VICTORIA AUTOMOBILE INSURANCE
COMPANY

☒ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Victoria Automobile Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: F06000006967

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

Please return all correspondence concerning this
matter to the following:

Adele Camper

(Name of Person)

Nationwide

(Firm/Company)

One Nationwide Plaza, 1-38-401

(Address)

Columbus, OH 43215

(City/State and Zip code)

For further information concerning this matter, please call:

Adele Camper at (614) 249-7216

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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
Tallahassee, FL 32301

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

Victoria Automobile Insurance Company

(Name of Corporation)

F06000006967

(Document Number of Corporation (if known))

Ohio

(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:

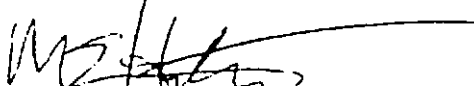
One Nationwide Plaza

(Mailing Address)

Columbus, Ohio 43215

(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 or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

1/29/2019

(Date)

Mark E. Hartman

(Typed or printed name of person signing)

Associate VP & Assistant Secretary

(Title of person signing)

FILING FEE \$35

FILED
19 JAN 30 AM 9:09