TO: Amendment Section	IITTAL LETTER
Division of Corporations	
SUBJECT: <u>BENEFIT PLAN ADMINISTR</u> (Nam	ATORS, INC. dba BENEFIT PLAN ADMINISTRATORS be of corporation) OF NEW YOR
DOCUMENT NUMBER: F95000001529	
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concerning matter to the following:	g this
Chad Wiechers	
(Name of Person)	
USI Insurance Services Corp.	100004628481
(Firm/Company)	*****52.50 *****52.50
50 California St. 24th Floor	
(Address)	ىنى كە 10 مەنتى سەتھ سەتھ 10 ما <u>تورىتە مەن</u>
	ALSO O
San Francisco, CA 94111 (City/State and Zip code)	
For further information concerning this matt	
Chad Wiechers	at (415) 263-2161
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section	MAILING ADDRESS:
Division of Corporations	Amendment Section
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL. 32399	Tallahassee, FL. 32314 5 V Q
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APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

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Benefit Plan Administrators, Inc. dba Benefit Plan Adminstrators, Inc. of New York (Name of Corporation)

New York (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:

USI	Insurance	Services Corporation,	Attn:	Legal	50	California	st.,	24th	SECRE:	01 001	
<u> </u>			(Mailin	g Addres	s)			-	ARY C	ê,	Contraction Descriptions
San	Francisco	, CA 94111			. <u> </u>		-		FIS	PM I:	
			(City/	State /Zip)				ATE MID,	32	

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

	Secretary
Signature of the elaniman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of receiver, trustee, or other court-appointed fiduciary, by that fidu	Títle a vriery
Preset J Newborn II	uviaiy.

Typed or printed name

Date