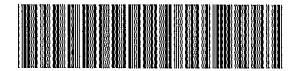


(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Atlantic Indemnity Company		
(Name of Corporation)		
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Judy Spitzer, MS1313		
(Name of Person)		
Royal & SunAlliance		
(Firm/Company)		
9300 Arrowpoint Blvd.		
(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)		
STREET ADDRESS: MAILING ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
Tallahassee, FL 32314 Z001 Executive Center Circle Tallahassee, FL 32301		

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

Atlantic Indemnity Company	
(Name of Corporation)	
(Document Number of Corporation (if known)
North Carolina	
(Incorporated Under Laws o	f)
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
9300 ARROWPOINT BOULEVA	RD, MS1313
(Mailing Address)	
Charlotte, NC 28273	05 (SECR ALLA
(City/State/Zip)	FILE CT 18 ETARY C HASSEE
The corporation agrees to notify the Department of State in the future	re of any change in its matting address
(Signature of a director, president or other officer off in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	10/10/2005 ST &
Judy S. Spitzer (Typed or printed name of person signing)	Asistant Corporate Secretary (Title of person signing)

FILING FEE \$35