

F96000005959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

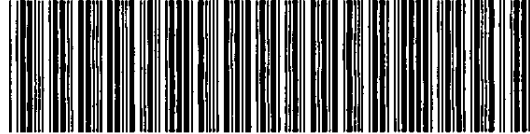
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/31/15--01002--009 \*\*78.75

FILED

15 AUG 18 PM 4:07

SECRETARY OF THE  
TALLAHASSEE COUNTY

*withdrawal*

AUG 18 2015

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Madison Insurance Company

(Name of Corporation)

**DOCUMENT NUMBER:** F96000005959

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

Please return all correspondence concerning this matter to the following:

Maria E. Todd

(Name of Person)

Accident Insurance Company, Inc.

(Firm/Company)

One Harbison Way, Suite 115

(Address)

Columbia, SC 29212

(City/State and Zip code)

FILED  
15 AUG 18 PM 4:07  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

For further information concerning this matter, please call:

Maria E. Todd

(Name of Person)

at ( 865 ) 425-7480

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2015

MICHAEL D HUNTER  
ACCIDENT INSURANCE COMPANY  
ONE HARBISON WAY, SUITE 115  
COLUMBIA, SC 29212

RECEIVED AUG 17 2015

SUBJECT: MADISON INSURANCE COMPANY  
Ref. Number: F96000005959

We have received your document for MADISON INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapters 607 and 617, Florida Statutes, do not provide for the filing of Articles of Merger between two foreign corporations. Therefore, a withdrawal application should be filed for any foreign corporation which is no longer transacting business in Florida due to a merger. A form and guidelines are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 615A00016143

RECEIVED  
15 AUG 18 AM 9:55

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

**Madison Insurance Company**

(Name of Corporation)

**F9600000 5959**

(Document Number of Corporation (if known))

**South Carolina**

(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 Harbison Way, Suite 115**

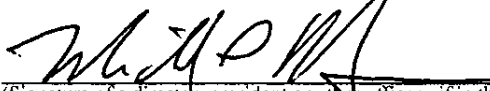
(Mailing Address)

**Columbia, SC 29212**

(City/ State /Zip)

**FILED**  
**15 AUG 18 PM 4:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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)

**Michael D. Hunter**

(Typed or printed name of person signing)

**August 10, 2015**

(Date)

**Chief Financial Officer**

(Title of person signing)

**FILING FEE \$35**