

F99000002878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

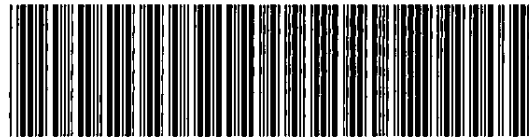
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Withdrawal
11/16/10
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allegiance Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: F99000002878

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

Please return all correspondence concerning this
matter to the following:

Annie Turner
(Name of Person)

The Horace Mann Companies
(Firm/Company)

1 Horace Mann Plaza, G100
(Address)

Springfield, IL 62715
(City/State and Zip code)

For further information concerning this matter, please call:

Annie Turner at (217) 788-5127
(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



Auto | Home | Life | Annuity

08 November 2010

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Allegiance Insurance Company

Dear Sir/Madam:

Enclosed please find an application for withdrawal for the above referenced entity. Also enclosed please find a check in the amount of \$35.00 representing payment of the filing fee.

Please contact me at (217) 788-5127 or Ann.Turner@horacemann.com with any questions or concerns.

Thank you.

Sincerely,

Annie Turner
Paralegal

cc: [illegible]

Enclosed please find an application for withdrawal for the above referenced entity. Also enclosed please find a check in the amount of \$35.00 representing payment of the filing fee.

Please contact me at (217) 788-5127 or Ann.Turner@horacemann.com with any questions or concerns.

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

Allegiance Insurance Company

(Name of Corporation)

F99000002878

(Document Number of Corporation (if known))

California

(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:

1 Horace Mann Plaza

(Mailing Address)

Springfield, IL 62715

(City/ State /Zip)

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

Linea Michael
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

11/04/10
(Date)

Linea Michael

(Typed or printed name of person signing)

Assistant Corporate Secretary

(Title of person signing)

FILING FEE \$35