## F9900005921,

| (Req                                    | uestor's Name)         |  |
|---|------------------------|--|
| (Add                                    | ress)                  |  |
| •                                       | ,                      |  |
| (Address)                               |                        |  |
| (City                                   | /State/Zip/Phone #)    |  |
| PICK-UP                                 | . WAIT MAIL            |  |
| (Business Entity Name)                  |                        |  |
| (Document Number)                       |                        |  |
| •                                       | •                      |  |
| Certified Copies                        | Certificates of Status |  |
| Special Instructions to Filing Officer: |                        |  |
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## TRANSMITTAL LETTER

|           | Amendment Section Division of Corporations                    |    |
|-----------|---|----|
| SUBJEC    | CT: Alliance of American Insurers Corporation                 |    |
|           | (Name of corporation)   |    |
| DOCUM     | MENT NUMBER: F99000005927                                     |    |
| The enclo | osed withdrawal application and fee are submitted for filing. |    |
|           | eturn all correspondence concerning this the following:       |    |
|           | Gregory W. Heidrich   |    |
|           | (Name of Person)  |    |
|           | Property Casualty Insurers Association of America             |    |
|           | (Firm/Company)  | σŦ |
|           | 2600 South River Road   |    |
|           | (Address)   |    |
|           | Des Plaines, Illinois 60018                                   |    |
|           | (City/State and Zip code)                                     |    |
| For furth | ner information concerning this matter, please call:          |    |
| Greg      | gory W. Heidrichat ( 847 ) 297-7800                           |    |
|           | (Name of Person) (Area Code & Daytime Telephone Number)       |    |
|           | STREET ADDRESS: MAILING ADDRESS:                              |    |
|           | Amendment Section Amendment Section                           |    |

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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

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

| Alliance of American Insurers Corporation  |             |       |
|--|-------------|-------|
| (Name of Corporation)  |             |       |
| F9900005927  |             |       |
| (Document Number of Corporation (if known)   | <del></del> | e .   |
| Illinoìs   |             |       |
| (Incorporated Under Laws of)   | <del></del> |       |
| This corporation is no longer transacting business or conducting affairs within the State of Florida 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 it appoints the Department of State as its agent for service of process based on a cause of action arising time it was authorized to transact business or conduct affairs in Florida.  The following is a current mailing address for the corporation:  2600 South River Road  (Mailing Address) | s behalf    | and   |
| Des Plaines, IL 60018  | 3           | m Sc  |
| (City/ State /Zip)   | 11:04       | STATE |
| The corporation agrees to notify the Department of State in the future of any change in its mailing a  | ddress.     |       |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  |             | -     |
| Gregory W. Heidrich Corporate Secretary (Typed or printed name of person signing) (Title of person signing)  |             |       |

**FILING FEE \$35**