

J85204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT :     MAIL

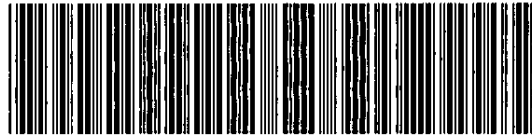
(Business Entity Name)

(Document Number)

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10 APR 23 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Old Resign.

D. CONNELL APR 28 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAPFRE Insurance Company of Florida  
(Name of Corporation)

**DOCUMENT NUMBER:** J85204

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Todd M. Peckham  
(Name of Person)

MAPFRE U.S.A. Corp.  
(Name of Firm/Company)

211 Main Street  
(Address)

Webster, MA 01570  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd M. Peckham at ( 508 ) 949-4266  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jeremy R. Wallis, hereby resign as Director  
(Title)

of MAPFRE Insurance Company of Florida,  
(Name of Corporation)

J85204, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

**FILED**  
10 APR 23 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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