

J 85204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

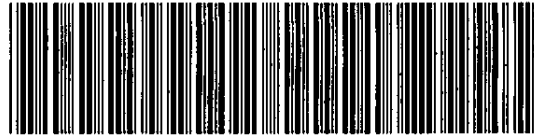
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

B. 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

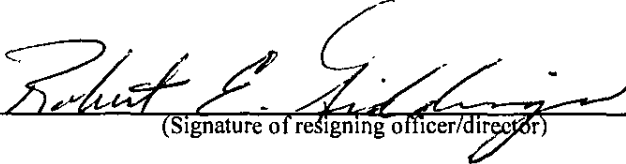
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert E. Giddings, 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)

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

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