K14482

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Amstar Insurance Company %Pedro A. Freyre EIN or SS#: _____

Address: 3401 N.W. 82nd Ave., Suite 100, Amstar Park at Doral

Miami, FL 33122

Amount: $35 Date Paid 8/15/97

Reason for claim: ~~Registered agent change document for MARPRE INSURANCE COMPANY OF~~ AMERICA, INC., #K14482 - not filed with Div. of Corp. - Insurance Commissioner is by law registered agent.

Certified true and correct this _____ day of _____, 19 _____.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund $ 35.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01080 001 *dated* 8/15/97

Name of Account _____

4520213000145300000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

4520213000145300000000022002000

Certified true and correct this _____ day of _____, 19 ____

Department of State, Division of Corporations _____

(Agency) (Authorized Signature and Title)

CR2E060(6/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 11, 1997

Mr. Pedro A. Freyre
Amstar Insurance Company
3401 N.W. 82nd Ave., #100
Miami, FL 33122

SUBJECT: MAPFRE INSURANCE COMPANY OF AMERICA, INC.
Ref. Number: K14482

We have received your document for MAPFRE INSURANCE COMPANY OF AMERICA, INC. and check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The enclosed change form is being returned as the Insurance Commissioner is by law the registered agent for this corporation. The contact person that the Insurance Commissioner forwards process to can be changed with the Department of Insurance. Please contact that department for further instructions.

A refund in the amount of $35 will be forwarded within the next 60 days. A refund will also be forwarded for AMSTAR INSURANCE COMPANY per my recent phone conversation with your office.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 597A00044962