

P00000114515

Requester's Name



INTERSTATE INSURANCE  
SERVICES GROUP, INC.

P.O. Box 2368  
Lake Wales, FL 33859-2368

Office Use Only

DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
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NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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5-29-02

Examiner's Initials

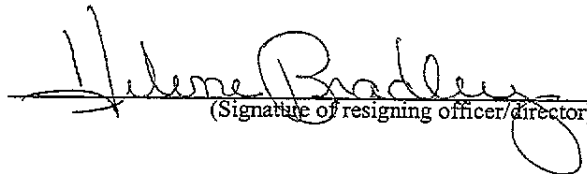
## OFFICER / DIRECTOR RESIGNATION

I, Helene M. Bradley, hereby resign as Director  
(Title)

of National Workers Compensation Recovery Systems, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

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