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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

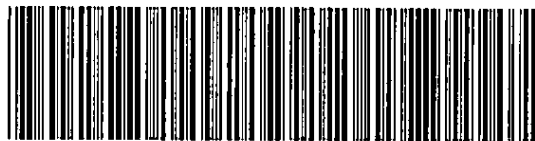
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SECRET
OFFICE OF THE CLERK OF THE STATE
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

CATHERINE CHOI
GLOBAL INDEMNITY GROUP
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004

SUBJECT: U. S. INSURANCE SERVICES, INC.
Ref. Number: P01000037103

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution must comply with section 607.1401, Florida Statutes, if the corporation did not commence business or issue shares.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 519A00010122



GLOBAL INDEMNITY LTD
Insurance & Reinsurance

Catherine L. Choi

Paralegal

P: 610.538.2443

F: 610.668.3385

cchoi@global-indemnity.com

July 9, 2019

Florida Department of State
Division of Corporations
Attn: Ms. Darlene Connell
Regulatory Specialist II Supervisor
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Via UPS

RE: U.S. Insurance Services, Inc.
Reference No. P01000037103

Dear Ms. Connell,

Enclosed is the corrected Articles of Dissolution pursuant to section 607.1403, Florida Statutes for U.S. Insurance Services, Inc. for processing. In addition, enclosed is your letter dated May 20, 2019 under letter number 519A00010122 confirming receipt of our check totaling \$52.50.

Thank you for your assistance in this matter.

If you require further information, please feel free to contact me at cchoi@global-indemnity.com or (610) 538-2443.

Sincerely,

Catherine L. Choi
Paralegal
Legal Department

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: U.S. INSURANCE SERVICES, INC.

DOCUMENT NUMBER: P01000037103

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Choi

(Name of Contact Person)

Global Indemnity Group

(Firm/Company)

Three Bala Plaza East, Suite 300

(Address)

Bala Cynwyd, PA 19004

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Choi

610-538-2443

(Name of Contact Person)

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
U.S. INSURANCE SERVICES, INC.

SECOND: The document number of the corporation (if known): P01000037103

THIRD: The date dissolution was authorized: July 27, 2016

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

STEPHEN W. RIES

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS