

P04000165637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Northern Capital Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000165637

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria L. DiGiorgio

(Name of Person)

Northern Capital Insurance Company

(Name of Firm/Company)

7200 NW 19th Street, Suite 505

(Address)

Miami, Florida 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at ( 800 ) 306-9180  
(Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

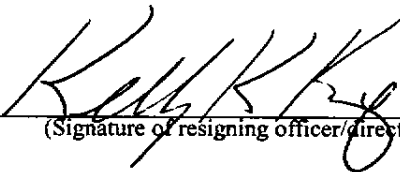
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Kelly King, hereby resign as Director  
(Title)

of Northern Capital Insurance Company  
(Name of Corporation)

P04000165637, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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**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