

P09 0000 32477

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

**DISSOLUTION OR WITHDRAWAL
EMPLOYER CHOICE INSURANCE COMPANY, INC.**

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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:
EMPLOYER CHOICE INSURANCE COMPANY, INC.

SECOND: The document number of the corporation (if known): P09000032477

THIRD: The date dissolution was authorized: June 8, 2017

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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Lynn Addiscott

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

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