

PO 9000052606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: DORAL INSURANCE GROUP, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000052606

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

Please return all correspondence concerning this matter to the following:

VERONICA L OLIVERA-LEON

(Name of Person)

DORAL INSURANCE GROUP, INC

(Name of Firm/Company)

1701 NW 112TH AVE SUITE 107

(Address)

DORAL FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

VERONICA L OLIVERA-LEON

(Name of Person)

at (305) 597-8220

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA L MORALES, hereby resign as VICE PRESIDENT
(Title)

of DORAL INSURANCE GROUP INC
(Name of Corporation)

P09000052606, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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