(Requestor's Name)		
(Address)		
(Address)		
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## **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE	CT: MS Casualty Insurance Company (Name of Corporation)
	(Name of Corporation)
DOCU	MENT NUMBER: P17205
The end	losed withdrawal application and fee are submitted for filing.
	eturn all correspondence concerning this o the following:
	Nancy L. Johnston
	(Name of Person)
	MS Diversified Corporation
	(Firm/Company)
	1501 Lakeland Drive, Ste 350
	(Address)
	Jackson, Mississippi 39216
	(City/State and Zip code)
For furt	her information concerning this matter, please call:
Nancy	Johnston at (601 ) 362-9025, extension 10
	(Name of Person) (Area Code & Daytime Telephone Number)
	STREET ADDRESS: MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

MS Casualty Insurance Company (Name of Corporation	
(Name of Corporation	.,
P17205	٠. ٥
(Document Number of Corporatio	n (if known)
	SECRETAR SECRETAR
Mississippi (Incorporated Under Law	SPR F
(Incorporated Under Law	sof)
This corporation is no longer transacting business or conducting	70. 9
voluntarily surrenders its authority to transact business or conducting	ر د ۳ است کرد
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Figure 6.11.	ss based on a cause of action arising during the
The following is a current mailing address for the corporation:	
1501 Lakeland Drive, Ste 350	
(Mailing Address)	
Jackson, Mississippi 39216 (City/ State /Zip)	<del></del>
The corporation agrees to notify the Department of State in the fu	uture of any change in its mailing address.
(Signature of a director, president or other officer - in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	February 3, 2006 (Date)
†	C
Arthur W. Heggen (Typed or printed name of person signing)	Secretary (Title of person signing)

FILING FEE \$35