

P21239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

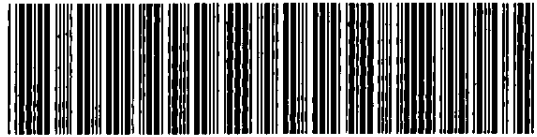
(Document Number)

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Certificates of Status ☒

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FILED  
2011 MAR 28 P 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Withdr  
Tlewis  
3-29-11



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

25 March 2011

Re: Withdrawal of Authority for Advanta Insurance Company  
Document Number: P21239

**VIA FEDEX**

Dear Examiner:

Please find enclosed two (2) executed "APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA" forms for our client, Advanta Insurance Company, Document Number P21239. A check for the Filing Fee of US\$35.00 is attached.

Kindly date stamp the second form as received, and return it to us along with the Letter of Acknowledgment and a Certificate of Status/Withdrawal.

If you have any questions, I can be reached directly at 802-264-4584. I thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah R. Gambone". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Deborah R. Gambone  
Compliance Officer  
Aon Insurance Managers (USA) Inc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADVANTA INSURANCE COMPANY  
(Name of Corporation)

**DOCUMENT NUMBER:** P21239

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Peter Joy

(Name of Person)

Advanta Insurance Company/ c/o Aon Insurance Managers (USA) Inc.

(Firm/Company)

76 St. Paul Street, Suite 500

(Address)

Burlington, VT 05401

(City/State and Zip code)

For further information concerning this matter, please call:

Deborah Gambone at ( 802 ) 264-4584  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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

**ADVANTA INSURANCE COMPANY**

(Name of Corporation)

**P21239**

(Document Number of Corporation (if known))

**ARIZONA**

(Incorporated Under Laws of)

**FILED**  
2011 MAR 28 P 3 01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

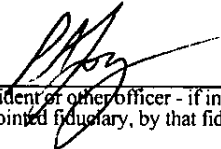
**76 St. Paul Street, Suite 500**

(Mailing Address)

**Burlington, VT 05401**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**March 22, 2011**

(Date)

**Peter Joy**

(Typed or printed name of person signing)

**Vice President**

(Title of person signing)

**FILING FEE \$35**