

P34109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

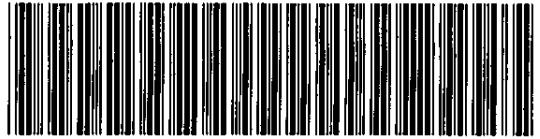
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdrawal  
sf

4/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wausau Signature Agency Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P34109

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

Please return all correspondence concerning this  
matter to the following:

Bernie Schilling

(Name of Person)

LIBERTY MUTUAL INSURANCE COMPANY

(Firm/Company)

2000 WESTWOOD DRIVE

(Address)

WAUSAU, WI 54401

(City/State and Zip code)

For further information concerning this matter, please call:

Bernie Schilling at ( 715 ) 842-6642  
(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**

**WAUSAU SIGNATURE AGENCY INC.**

(Name of Corporation)

**P34109**

(Document Number of Corporation (if known))

**WISCONSIN**

(Incorporated Under Laws of)

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:

**1201 Hays St**

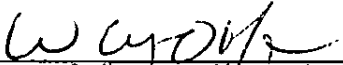
(Mailing Address)

**Tallahassee FL 32301**

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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)

December 27, 2007

(Date)

**W. CRAIG OLAFSSON**

(Typed or printed name of person signing)

**Assistant Secretary**

(Title of person signing)

**FILING FEE \$35**