P97000016141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

PS -
4/28/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPREHENSIVE INSURANCE INC
(Name of Corporation)

DOCUMENT NUMBER: P97000016141

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

Please return all correspondence concerning this matter to the following:

CAROL TURNER
(Name of Person)

COMPREHENSIVE INSURANCE INC
(Name of Firm/Company)

4825 LAND O LAKES BLVD
(Address)

LAND O LAKES FL 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL TURNER at (813) 996 0806
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
04 APR 22 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SANDRA K. BARBER, hereby resign as VPST (Title)

of COMPREHENSIVE INSURANCE, INC. (Name of Corporation)

P97000016141 (Document Number, if known), a corporation organized under the laws of the State of FLA.

X Sandra Kay Barber (Signature of resigning officer/director)

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