



997000055806

MUTUAL INSURANCE COMPANY

720 Goodlette Road North, Naples, FL 34102 (941) 403-1000, Fax (941) 403-1717  
Toll Free: (888) 850-4663 Mail to: P.O. Box 413026, Naples, FL 34101

October 27, 2000

Secretary of State  
P.O. Box 32314  
Tallahassee, FL 32314

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-10/31/00--01018--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Articles of Dissolution

Dear People:

Enclosed for filing is the following original executed document:

**Articles of Dissolution of Florida Family Claims Services, Inc.**

I also enclose our check for \$35.00 and an additional copy and ask that it be stamped as filed with your office and returned in the postage paid envelope provided herewith.

Thank you for your assistance.

Sincerely,

Rex Hardie

Florida Family Insurance company

Diss  
11-8-00  
RHS

FILED  
00 OCT 31 PM 12:49  
TALLAHASSEE, FLORIDA

Enclosures (3)

**ARTICLES OF DISSOLUTION  
OF**

**FLORIDA FAMILY CLAIMS SERVICES, INC.**

**FILED**

00 OCT 31 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 607.1403, Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution.

**ARTICLE ONE**

**NAME**

The name of the Corporation is Florida Family Claims Services, Inc.

**ARTICLE TWO**

**DISSOLUTION AUTHORIZED**

Dissolution of the Corporation was authorized on September 9, 2000.

**ARTICLE THREE**

**SHAREHOLDER APPROVAL**

The number of votes cast by the shareholders for dissolution was sufficient for approval.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the Corporation by its duly authorized officer on September 9, 2000.

**FLORIDA FAMILY CLAIMS SERVICES, INC.**



By: Walter Dale "Rick" Hardy, President