

Document Number Only

SO3352

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

300002182849--7

-05/19/97--01083--004

*****35.00 *****35.00

CORPORATION(S) NAME

Re Fund Application
REC 5/29

Independent Property Casualty Insurance Company

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

5/19/97
PLEASE RETURN EXTRA COPY(S)
FILE STAMPED


CR2E031 (1-89)

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>C T Corporation System / Meaghan Bearss</u>		EIN or SS#: _____
Address: <u>1201 Peachtree Street, NE</u>		
<u>Atlanta, GA 30361</u>		
Amount: <u>\$35.00</u>	Date Paid: _____	
Reason for Claim: <u>WITHDRAWAL OF FILING UNNECESSARY STATEMENT OF CHANGE OF</u>		
<u>REGISTERED AGENT FOR INDEPENDENT PROPERTY & CASUALTY</u>		
<u>INSURANCE COMPANY, #S03352</u>		
Certified true and correct this _____ day of _____, 19 _____.		
XXX	Signature <u></u>	/ 865942
* Must be completed if authority is other than Section 215.26, Florida Statutes.		KAREN GIBSON

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01083 004</u> dated <u>05/19/97</u>	
NAME OF ACCOUNT: _____	
4520213000145300000000010000	
Statutory Authority for Collection <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: _____	
45202130001453000000022002000	
Certified true and correct this _____ day of _____, 19 _____.	
Department of State, Division of Corporations (Agency)	_____ (Authorized Agency Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 28, 1997

CT CORPORATION SYSTEM
ATTN: JEFF
TALLAHASSEE, FL 32301

SUBJECT: INDEPENDENT PROPERTY & CASUALTY INSURANCE
COMPANY
Ref. Number: S03352

We have received your document for INDEPENDENT PROPERTY & CASUALTY INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 597A00028741



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 23, 1997

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: INDEPENDENT PROPERTY & CASUALTY INSURANCE
COMPANY
Ref. Number: S03352

We have received your document for INDEPENDENT PROPERTY & CASUALTY INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE STATEMENT OF CHANGE OF REGISTERED AGENT CAN NOT BE FILED SINCE THE CORPORATION HAS MERGED AS OF 03/11/1997.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 097A00028155