17175856589 From; CLS-FF Harrisburg Fullfillment

7/31/2020

## 2020-07-31 10:12:34 EDT of Corposition Department of

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL INTERNATIONAL SPECIALTY UNDERWRITERS, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

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D COMMENT

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:  | The name of the corporation as currently filed with the Florida Depar International Specialty Underwriters, Inc.   | tment of   | `State:   |                     |  |
|---------|--|------------|-----------|---------------------|--|
| SECOND: | The document number of the corporation (if known):   |            |           |                     |  |
| THIRD:  | The date dissolution was authorized: July 31, 2020   |            |           |                     |  |
|         | Effective date of dissolution if applicable:  August 1, 2020   | iogolution | Sla darah |                     |  |
|         | (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |            |           |                     |  |
| FOURTH: | Dissolution was approved by the shareholders, in the manner required the articles of incorporation.  | l by this  | chapter   | and                 |  |
|         |  | · .        | 2021      |                     |  |
|         |  | : -        |           | :7                  |  |
|         |  | •          | <u>.</u>  | 1                   |  |
|         |  | •          | $\sigma$  | ا ا<br>سمور<br>سرور |  |
| S       | Signature:   | · .·       | 1 :21 d   |                     |  |
|         | (By a director, president or other officer - if directors or officers have not been sele-<br>an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduc<br>that fiduciary)   | ated, by   |           |                     |  |
|         | Duncan S. McIntosh   |            |           |                     |  |
|         | (Typed or printed name of person signing)  |            |           |                     |  |
|         | Secretary  |            |           |                     |  |
| •       | (Title of person signing)  |            |           |                     |  |

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

International Specialty Underwriters, Inc. Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: August 1, 2020 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Any claim against International Specialty Underwriters, Inc. must be in writing and shall describe the nature and the amount of the claim, if ascertainable, and he accompanied by the affidavit of the claimant (or someone for the claimant) that the amount is justly due or, if not yet due, when it will or may become due, that no payments have been made on the claim which are not credited, and that, to the knowledge of the affiant, there are no offsets to the claim except as stated in the claim. If the claim is contingent, the nature of the contingency shall be stated also. If a claim is founded on a written instrument, the original or a copy thereof with all endorsements must be attached to the claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) Companion Life Insurance Company Attn: Duncan S. McIntosh I-20 at Alpine Road, AA-270 Columbia, South Carolina 29219

Duncan S. McIntosh, Secretary

Printed Name of the Person Filing

within 4 years after the filing of this notice.

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced