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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: American All-Risk Loss Administrators, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: F0000007204		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Susan Davis		
(Name of Person)		
American All-Risk Loss Administrators, Inc.		
(Firm/Company)		
4270 W Richert Ste 101		
(Address)		
Fresno, CA 93722		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Susan Davis at (559) 277-4800		
(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

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

MAILING 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

(Name of Corporation)

American All-Risk Loss Administrators, Inc

F0000007204	200
(Document Number of Corporation (if known) 7006 HAY 19
California	7
California (Incorporated Under Laws o	· · · · · · · · · · · · · · · · · · ·
(meorporated chaer baws o	·'
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a	fairs within the State of Florida and hereb
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	based on a cause of action arising during the
The following is a current mailing address for the corporation:	
4270 W Richert Ste 101	
(Mailing Address)	
Fresno, CA 93722	
(City/ State /Zip) The corporation agrees to notify the Department of State in the future	re 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)	05/01/06 (Date)
Laura Cullen (Typed or printed name of person signing)	CFO (Title of person signing)
FILING FEE \$35	(5. p-1301 0.g.m.g.)