

Filing Fee: \$50.00

ID Number: 248751



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904-2615

2016 OCT 24 PM 1:29

RECEIVED  
R.I. OFFICE STATE  
DIVISION OF BUSINESS DIV

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is AIG Property Casualty Insurance Agency, Inc.
2. It is incorporated under the laws of New Jersey
3. It is not transacting business in the state of Rhode Island.
4. It hereby surrenders its authority to transact business in the state of Rhode Island.
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
6. The post office address to which the Secretary of State may mail a copy of any process against the corporation that is served on the Secretary of State:  
175 Water Street, 15th Floor, New York, NY 10038
7. As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.
9. This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> day after the date of this filing \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: August 18, 2015

[Signature]  
Signature of Authorized Officer of the Corporation

**FILED**

Tanya E. Kent, Secretary  
Type or Print Name of Authorized Officer

OCT 24 2016

BY CH 286701  
1:29



STATE OF RHODE ISLAND AND  
 PROVIDENCE PLANTATIONS  
 DEPARTMENT OF ADMINISTRATION  
 DIVISION OF TAXATION  
 ONE CAPITOL HILL  
 PROVIDENCE, RI 02908

248751

CJ BERGNER/PARASEARCH INC  
 222 JEFFERSON BLVD STE 200  
 WARWICK, RI 02888-

2016 OCT 24 PM 1:05  
 R.I. DEPT. OF STATE  
 DIVISION OF TAXATION

## LETTER OF GOOD STANDING

It appears from our records that **AIG PROPERTY CASUALTY INSURANCE AGENCY INC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **AIG PROPERTY CASUALTY INSURANCE AGENCY INC** is in good standing with the Rhode Island Division of Taxation as of **10/20/2016**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

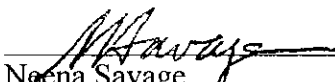
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

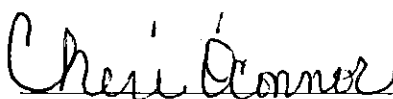
This letter is issued pursuant to the request of the above named corporation for the purpose of:

### WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

  
 Neena Savage  
 Acting Tax Administrator

  
 Cheri O'Connor  
 Supervising Revenue Officer  
 Compliance and Collections

**FILED** ✓  
 OCT 24 2016  
 BY CA 286701

136117054:11651379  
 DLN: 1978318001



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

