

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 669682 (7)**  
 1. Corporation Name  
**QUEENSWAY INTERNATIONAL INDEMNITY COMPANY**



Principal Place of Business  
**27 E. ROBINSON STREET ORLANDO FL 32801**

Mailing Address  
**27 E. ROBINSON STREET ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1980</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1993236</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER                  THA CAPITAL BLDG.                  C/O BILL GUNTER                  TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>ALEXANDER, JAMES A</b>	1.2 NAME	<b>Steven D. Tufts</b>
STREET ADDRESS	<b>3240 GLENCREE NW</b>	1.3 STREET ADDRESS	<b>2440 Sugarloaf Club Drive</b>
CITY-ST-ZIP	<b>LITHONIA GA</b>	1.4 CITY-ST-ZIP	<b>Duluth, GA 30097</b>
TITLE	<b>D</b>	2.1 TITLE	<b>SVPD</b>
NAME	<b>SIMPSON, PHILLIP J</b>	2.2 NAME	<b>Donald J. Stoner</b>
STREET ADDRESS	<b>10804 BLOOMINGDALE AVE</b>	2.3 STREET ADDRESS	<b>324 Hambleton Walk</b>
CITY-ST-ZIP	<b>RIVERVIEW, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Alpharetta, GA 30022</b>
TITLE	<b>VD</b>	3.1 TITLE	<b>S</b>
NAME	<b>LORENZ, KARL K., JR</b>	3.2 NAME	<b>Juanita S. Hillis</b>
STREET ADDRESS	<b>4325 MEADOWOOD ST.</b>	3.3 STREET ADDRESS	<b>3219 U. S. Hwy 78, S. W.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>Loganville, GA 30052</b>
TITLE	<b>VSD</b>	4.1 TITLE	<b>VPD</b>
NAME	<b>ALEXANDER, FARRIS A</b>	4.2 NAME	<b>Catherine J. Wilson</b>
STREET ADDRESS	<b>3240 GLENCREE NW</b>	4.3 STREET ADDRESS	<b>3103-10 Youge St</b>
CITY-ST-ZIP	<b>LITHONIA GA</b>	4.4 CITY-ST-ZIP	<b>Toronto, Ontario</b>
TITLE	<b>VD</b>	5.1 TITLE	<b>D</b>
NAME	<b>ALEXANDER, C GLENN</b>	5.2 NAME	<b>David E. Rooney</b>
STREET ADDRESS	<b>4476 FREEMAN CT</b>	5.3 STREET ADDRESS	<b>327 Mutual Street</b>
CITY-ST-ZIP	<b>NORCROSS, GA 00000</b>	5.4 CITY-ST-ZIP	<b>Toronto, Ontario, Canada M4Y 1X6</b>
TITLE		6.1 TITLE	<b>Chairman of Board</b>
NAME		6.2 NAME	<b>Alexander, James A.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3240 Glencrec NW</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Lithonia, GA 30058</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)