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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 669682

1. Corporation Name
QUEENSWAY INTERNATIONAL INDEMNITY COMPANY

Principal Place of Business	Mailing Address
ONE SOUTH ORANGE AVENUE SUITE 500 ORLANDO FL 32801	ONE SOUTH ORANGE AVENUE SUITE 500 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/09/1980

2. Principal Place of Business	2a. Mailing Address
21 851 North Donnelly Street	26 P O Box 1608
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Mount Dora, Florida	City & State 28 Mount Dora, Florida
Zip / Country 24 32757-0000 25 USA	Zip / Country 29 32757-1608 30 USA

4. FEI Number: 59-1993236 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THA CAPITAL BLDG.
C/O BILL GUNTER
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: John P. Davis, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 851 North Donnelly Street
83
84 City: Mount Dora **FL** 85 Zip Code: 32757-0000

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 _____ John P. Davis, Jr. 4/20/99
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALEXANDER, JAMES A 3240 GLENCREE NW LITHONIA GA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Alexander, James A.	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, PHILLIP J 10604 BLOOMINGDALE AVE RIVERVIEW, FL 00000	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President & COB Davis, Jr., John P. 939 Page Lane Mount Dora, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUFTS, STEVEN D 2440 SUGARLOAF CLUB DR DULUTH GA 30097	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice Pres & Director Tufts, Steven D. 2440 Sugarloaf Club Drive Duluth, GA 30097	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD STONER, DONALD J 324 HAMBLEDON WALK ALPHARETTA GA 30022	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Davis, Harriett H. 939 Page Lane Mount Dora, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HILLIS, JUANITA S 3219 U S HWY 78 S W LOGANVILLE GA 30052	XX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Treasurer, CFO Ball, Curtis E. 9150 SW 49th Street Cooper City, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILSON, CATHERINE J 3103-10 YOUGE ST TORONTO ON	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Wilson, Catherine J 3103-10 Younge St Toronto ON	☒ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #