FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAY -1 PM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18097** **(6)**

1. Corporation Name
CROSSROADS INSURANCE COMPANY LTD.

Principal Place of Business	Mailing Address
P.O. BOX 1549 GRAND CAYMAN, B.W.I.	XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1988
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: P.O. Box HM 1760
Suite, Apt. #, etc.
27:
City & State
28: Hamilton
Zip / Country
29: HM HX 30: Bermuda

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	President	☒ Change ☐ Addition
NAME	DOCKERY, C.C.	12 NAME	Dockery, C.C.	
STREET ADDRESS	2310 A-Z PARK RD.	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	Vice President, Director	☐ Change ☒ Addition
NAME	DOCKERY, CARL C.	22 NAME	Ezekiel, David	
STREET ADDRESS	2310 A-Z PARK RD.	23 STREET ADDRESS	Chevron House, 11 Church Street	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Hamilton HM HX, Bermuda	
TITLE	XXXX	31 TITLE	Secretary	☐ Change ☒ Addition
NAME	XXXXXXXXXXXXX	32 NAME	Sarah Cooke	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXX	33 STREET ADDRESS	Clarendon House, 2 Church Street	
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXXX	34 CITY-ST-ZIP	Hamilton CM CX, Bermuda	
TITLE	D	41 TITLE	Director	☐ Change ☒ Addition
NAME	DOCKERY, PAULA	42 NAME	Lisa Marshall	
STREET ADDRESS	2310 A-Z PARK RD.	43 STREET ADDRESS	Clarendon House, 2 Church Street	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	Hamilton CM CX, Bermuda	
TITLE	D	51 TITLE	David Pickering, Director	☐ Change ☒ Addition
NAME	DOCKERY, MAVIS	52 NAME		
STREET ADDRESS	4732 BURGUNDY PLACE	53 STREET ADDRESS	Chevron House, 11 Church Street	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	Hamilton HM HX, Bermuda	
TITLE	D	61 TITLE	Charles Collis, Director	☐ Change ☒ Addition
NAME	RENWALD, MICHELE	62 NAME		
STREET ADDRESS	2310 A-Z PARK RD.	63 STREET ADDRESS	Clarendon House, 2 Church Street	
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP	Hamilton CM CX, Bermuda	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David Ezekiel — David Ezekiel
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0483686 IN