SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name
CROSSROADS INSURANCE COMPANY LTD.

Principal Place of Business
~~P.O. BOX 545~~
~~GRAND CAYMAN, B.W.I.~~

Mailing Address
P.O. BOX HM 1760
HAMILTON BE HM HX
US

3. Date Incorporated or Qualified: 02/23/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 P.O. Box HM 1760
Suite, Apt #, etc. 22
City & State 23 Hamilton
Zip 24 HM HX
Country 25 Bermuda

2a. Mailing Address
26
Suite, Apt #, etc 27
City & State 28
Zip 29
Country 30

4. FEI Number: NOT APPLICATION ☐ 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
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DOCKERY, C.C.	
STREET ADDRESS	2310 A-Z PARK RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	DOCKERY, CARL C.	
STREET ADDRESS	2310 A-Z PARK RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	☒ DELETE
NAME	COOKE, SARAH	
STREET ADDRESS	CLARENDON HOUSE, 2 CHURCH STREET	
CITY-ST-ZIP	HAMILTON CM CX BE	
TITLE	D	☐ DELETE
NAME	DOCKERY, PAULA	
STREET ADDRESS	2310 A-Z PARK RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	DOCKERY, MAVIS	
STREET ADDRESS	4732 BURGUNDY PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	RENWALD, MICHELE	
STREET ADDRESS	2310 A-Z PARK RD.	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Alternate D	☐ Change ☒ Addition
1.2 NAME	Terry Power	
1.3 STREET ADDRESS	Chevron House, 11 Church Street	
1.4 CITY-ST-ZIP	Hamilton HM HX, Bermuda	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	Ernest Morrison	
2.3 STREET ADDRESS	Corner House, 20 Parliament Street	
2.4 CITY-ST-ZIP	Hamilton HM 12, Bermuda	
3.1 TITLE	Assistant S	☐ Change ☒ Addition
3.2 NAME	Richard JenKyn	
3.3 STREET ADDRESS	Corner House, 20 Parliament Street	
3.4 CITY-ST-ZIP	Hamilton HM 12, Bermuda	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, 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 7/4/96 4412953188
SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)