**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 | Mailing Address |
|---|---|
| [illegible] GRAND CAYMAN, BWI. | P.O. BOX HM 1760<br>HAMILTON BE HM HX<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 P.O. Box HM 1760 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Hamilton | City & State<br>28 |
| Zip / Country<br>24 HM HX / 25 Bermuda | Zip / Country<br>29 / 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>02/23/1988 | 3a. Date of Last Report<br>05/01/1995 |
| 4. FEI Number<br>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 _____ (NOTE: Registered Agent signature required when executing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DOCKERY, C.C.<br>2310 A-Z PARK RD.<br>LAKELAND FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | Alternate D<br>Terry Power<br>Chevron House, 11 Church Street<br>Hamilton HM HX, Bermuda | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOCKERY, CARL C.<br>2310 A-Z PARK RD.<br>LAKELAND FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | S<br>Ernest Morrison<br>Corner House, 20 Parliament Street<br>Hamilton HM 12, Bermuda | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>COOKE, SARAH<br>CLARENDON HOUSE, 2 CHURCH STREET<br>HAMILTON CM CX BE | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | Assistant S<br>Richard JenKyn<br>Corner House, 20 Parliament Street<br>Hamilton HM 12, Bermuda | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOCKERY, PAULA<br>2310 A-Z PARK RD.<br>LAKELAND FL | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOCKERY, MAVIS<br>4732 BURGUNDY PLACE<br>LAKELAND FL | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RENWALD, MICHELE<br>2310 A-Z PARK RD.<br>LAKELAND FL | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on 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 TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #