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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P18097

(6)

CROSSROADS INSURANCE COMPANY LTD.

Principal Place of Business Mailing Address P.O. BOX HM 1760 PO BOX HM 1760 HAMILTON, BERMUDA HM HX HAMILTON BE HM HX US 3a. Date of Last Report 3. Date Incorporated or Qualified 02/23/1988 07/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name INSURANCE COMMISSIONER THE CAPITAL BUILDING Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 Zip Code 84 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, Soction 607.0505, Florida Statutes. SIGNATI-IRE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change **X** Addition Tille 1.1 TITLE DOCKERY, C.C. David Ezekiel 1.2 NAME NAME 2310 A-Z PARK RD. 1.3 STREET ADDRESS Chevron House, 11 Church Street STREET ADDRESS Lakeland FL 1.4 CITY-ST-ZIP Hamilton, Bermuda CHY-SI-ZIP DELETE Change Addition 2.1 TITLE TiTLE DOCKERY, CARL C.

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

☐ DELETE

DELETE

X DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

34 CITY-ST-7iP

2. 4 CITY - ST - ZIP

David Pickering

Hamilton. Bermuda

Ernest A. Morrison

Hamilton, Bermuda

Richard A. Jenkyn

Michele Jones

2310 A-Z Park Road

Assistant Secretary

20 Parliament Street Hamilton, Bermuda

20 Parliament Street

goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the shall report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name LAKELAND FL C07 - \$1 - 7IP 14. I do heroby certify that the information supplied with this fillinformation indicated on this annual report or supplement. I am an officer or director of the corporation recei appears in Block 12 or Block 13

SIGNATURE:

NAME

THE

NAME

THLE

NAM8

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY - ST- ZIP

City-St-ZiP

CITY - S1 - 74F

CITY - ST - ZIP

2310 A-Z PARK RD.

LAKELAND FL

POWER, TERRY

HAMILTON BE

LAKELAND FL

LAKELAND FL

DOCKERY, PAULA

2310 A-Z PARK RD.

DOCKERY, MAVIS

4732 BURGUNDY PLACE

RENWALD, MICHELE

2310 A-Z PARK RD.

CHEVRON HOUSE, 11 CHURCH ST

AD

MRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

21 April 1997 Dala

300002168793

-05/07/**97**--01002**--**003

POP 166.00

Chevron House, 11 Church Street

Daytime Phone #

FILED

May 05 1997 8:00am

Secretary of State

0529588

Change

Change

Change

X Change

Addition

X Addition

Addition

Addition