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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 PO BOX HM 1760 HAMILTON BE HM HX US			Mailing Address P.O. BOX HM 1760 HAMILTON, BERMUDA HM HX		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/23/1988 3a. Date of Last Report 07/12/1996 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL		
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: 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 P NAME DOCKERY, C.C. STREET ADDRESS 2310 A-Z PARK RD. CITY-ST-ZIP LAKELAND FL			1.1 TITLE VP 1.2 NAME David Ezekiel 1.3 STREET ADDRESS Chevron House, 11 Church Street 1.4 CITY-ST-ZIP Hamilton, Bermuda		
TITLE D NAME DOCKERY, CARL C. STREET ADDRESS 2310 A-Z PARK RD. CITY-ST-ZIP LAKELAND FL			2.1 TITLE D 2.2 NAME David Pickering 2.3 STREET ADDRESS Chevron House, 11 Church Street 2.4 CITY-ST-ZIP Hamilton, Bermuda		
TITLE AD NAME POWER, TERRY STREET ADDRESS CHEVRON HOUSE, 11 CHURCH ST CITY-ST-ZIP HAMILTON BE			3.1 TITLE S 3.2 NAME Ernest A. Morrison 3.3 STREET ADDRESS 20 Parliament Street 3.4 CITY-ST-ZIP Hamilton, Bermuda		
TITLE D NAME DOCKERY, PAULA STREET ADDRESS 2310 A-Z PARK RD. CITY-ST-ZIP LAKELAND FL			4.1 TITLE Assistant Secretary 4.2 NAME Richard A. Jenkyn 4.3 STREET ADDRESS 20 Parliament Street 4.4 CITY-ST-ZIP Hamilton, Bermuda		
TITLE D NAME DOCKERY, MAVIS STREET ADDRESS 4732 BURGUNDY PLACE CITY-ST-ZIP LAKELAND FL			5.1 TITLE 5.2 NAME 300002168793 5.3 STREET ADDRESS -05/07/97--01002--003 5.4 CITY-ST-ZIP R# 165.00		
TITLE D NAME RENWALD, MICHELE STREET ADDRESS 2310 A-Z PARK RD. CITY-ST-ZIP LAKELAND FL			6.1 TITLE D 6.2 NAME Michele Jones 6.3 STREET ADDRESS 2310 A-Z Park Road 6.4 CITY-ST-ZIP Lakeland, FL		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 April 1997

Date

Daytime Phone #

0529588

CR2E034 (9/96)