

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT-CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18097 (6)

1. Corporation Name
CROSSROADS INSURANCE COMPANY LTD.

Principal Place of Business

PO BOX HM 1780
HAMILTON BE HM HX
US

Mailing Address

P.O. BOX HM 1780
HAMILTON, BERMUDA HM HX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	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
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

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 DOCKERY, C.C.	1.1 TITLE	VP David Ezekiel
NAME	2310 A-Z PARK RD.	1.2 NAME	Chevron House, 11 Church Street
STREET ADDRESS	LAKELAND FL	1.3 STREET ADDRESS	Hamilton, Bermuda
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D DOCKERY, CARL C.	2.1 TITLE	D David Pickering
NAME	2310 A-Z PARK RD.	2.2 NAME	Chevron House, 11 Church Street
STREET ADDRESS	LAKELAND FL	2.3 STREET ADDRESS	Hamilton, Bermuda
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AD POWER, TERRY	3.1 TITLE	S Ernest A. Morrison
NAME	CHEVRON HOUSE, 11 CHURCH ST	3.2 NAME	20 Parliament Street
STREET ADDRESS	HAMILTON BE	3.3 STREET ADDRESS	Hamilton, Bermuda
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DOCKERY, PAULA	4.1 TITLE	Assistant Secretary
NAME	2310 A-Z PARK RD.	4.2 NAME	Richard A. Jenkyn
STREET ADDRESS	LAKELAND FL	4.3 STREET ADDRESS	20 Parliament Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hamilton, Bermuda
TITLE	D DOCKERY, MAVIS	5.1 TITLE	
NAME	4732 BURGUNDY PLACE	5.2 NAME	
STREET ADDRESS	LAKELAND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D JONES, MICHELE	6.1 TITLE	
NAME	2310 A-Z PARK RD.	6.2 NAME	
STREET ADDRESS	LAKELAND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

C.G. DOCKERY April 8, 1998

CR2E034 (10/97)