

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104995

1. Corporation Name
DESOTO INSURANCE COMPANY

Principal Place of Business
P.O. BOX 14075
TALLAHASSEE FL 32317-4075

Mailing Address
P.O. BOX 14075
TALLAHASSEE FL 32317-4075

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90066 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number
59-3473339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3522 Thomasville Rd.

26 Suite, Apt. #, etc.

22 Suite 300

27 City & State

23 Tallahassee FL

28 Zip

24 32312 25 USA

29 Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HYNES, KEITH S
STREET ADDRESS 65 PAMPAS LANE
CITY-ST-ZIP SMITHS PARISH BERMUDA

☒ DELETE

TITLE D
NAME RIKER, WILLIAM I
STREET ADDRESS 65 PAMPAS LANE
CITY-ST-ZIP SMITHS PARISH BERMUDA

☐ DELETE

TITLE D
NAME NICHOLS, JOHN D JR
STREET ADDRESS 35 SKYLINE DRIVE
CITY-ST-ZIP SMITHS PARISH BERMUDA

☐ DELETE

TITLE D
NAME STANARD, JAMES N
STREET ADDRESS 15 ARDSHEAL DR
CITY-ST-ZIP PAGET BERMUDA PG06

☐ DELETE

TITLE D
NAME RICKER, ROBERT L
STREET ADDRESS 1750 MARSTON PLACE
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ DELETE

TITLE CFO
NAME MCCONNELL, JOHN D
STREET ADDRESS 3275 MAJESTIC PRINCE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)