

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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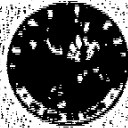
**95 APR 19 PH 4:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 836838 (3)**

1. Corporation Name  
**HAMILTON INSURANCE COMPANY**

Principal Place of Business  
**1003 TECHNOLOGY PARK DR.  
GLEN ALLEN VA 23080-4500  
US**

Mailing Address  
**P. O. BOX 85122  
RICHMOND VA 23285-5122  
US**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
**08/10/1976**

3a. Date of Last Report  
**03/22/1994**

4. FEI Number  
**52-0792757**

Applied For  
 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. 189.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

**BLACK, DWIGHT W.  
900 ORANGE AVENUE  
WINTER PARK FL 32789**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LATHAM, JOHN K
STREET ADDRESS	9700 OLD COUNTRY TRACE
CITY-ST-ZIP	RICHMOND VA
TITLE	AS
NAME	CAMPBELL, PAUL E
STREET ADDRESS	4132-J FAIRLAKE LANE
CITY-ST-ZIP	GLEN ALLEN VA
TITLE	V
NAME	DUNBAR, JOHN A.
STREET ADDRESS	1705 WINDINGRIDE PLACE
CITY-ST-ZIP	RICHMOND VA
TITLE	V
NAME	DESCH, EDWARD
STREET ADDRESS	18 CHASE GAYTON #1638
CITY-ST-ZIP	RICHMOND VA
TITLE	TD
NAME	SKADRA, JOSEPH J.
STREET ADDRESS	7400 BEACH ROAD
CITY-ST-ZIP	WADSWORTH OH
TITLE	S
NAME	VLSACK, ROBERT D.
STREET ADDRESS	9700 FOXHILL TRACE
CITY-ST-ZIP	CONCORD OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABRAM, JONATHAN A.	
2.3 STREET ADDRESS	109 CATANBA COURT	
2.4 CITY-ST-ZIP	CHAPEL HILL, NC 27514	
3.1 TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALL, F. DOUGLAS	
3.3 STREET ADDRESS	4539 THREE SQUARE RD	
3.4 CITY-ST-ZIP	GOOCHLAND, VA 23063	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DAVIS, GREGG T.	
5.3 STREET ADDRESS	4508-302 BAYVIEW ROAD	
5.4 CITY-ST-ZIP	RALEIGH, NC 27612	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CASHMAN, GRACE L.	
6.3 STREET ADDRESS	1496 AMBER LANE RD	
6.4 CITY-ST-ZIP	MANAKIN-SABOT, VA 23103	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Desch 4/14/95 (904) 261-7011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR