

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **836838** (3)
1. Corporation Name
HAMILTON INSURANCE COMPANY



Principal Place of Business: **1063 TECHNOLOGY PARK DR. GLEN ALLEN VA 23060-4500 US**
Mailing Address: **P. O. BOX 85122 RICHMOND VA 23285-5122 US**

3. Date Incorporated or Qualified: **08/10/1976**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **52-0792757**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 9201 FOREST HILL AVE**
Suite, Apt. #, etc.: **22 SUITE 200**
City & State: **23 RICHMOND, VA**
Zip: **24 23235-3053** Country: **25**

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

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

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: _____ (NOTE: Registered Agent Signature Required when a change of office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LATHAM, JOHN K	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9700 OLD COUNTRY TRACE	CITY-STATE-ZIP: RICHMOND VA	2. NAME:	
TITLE: SD	NAME: ABRAM, JONATHAN A	3. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 109 CATAWBA COURT	CITY-STATE-ZIP: CHAPEL HILL NC	4. CITY-STATE-ZIP:	
TITLE: VAS	NAME: WALL, F. DOUGLAS	5. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4539 THREE SQUARE RD	CITY-STATE-ZIP: GOOCHLAND VA	6. NAME:	
TITLE: V	NAME: DESCH, EDWARD	7. STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18 CHASE GAYTON #1638	CITY-STATE-ZIP: RICHMOND VA	8. CITY-STATE-ZIP:	1615 HARBOROUGH ROAD RICHMOND, VA 23233
TITLE: TD	NAME: DAVIS, GREGG T.	9. CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4508-302 BAYMAR ROAD	CITY-STATE-ZIP: RALEIGHT NC	10. TITLE:	
TITLE: V	NAME: CASHMAN, GRACE L.	11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1496 AMBER LANE RD	CITY-STATE-ZIP: MANAKIN-SABOT VA	12. STREET ADDRESS:	
		13. CITY-STATE-ZIP:	

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **EDWARD DESCH, VICE PRESIDENT**
Date: **1/26/96** Phone: **(804) 327-1711**

CR2E034 (12/95)