

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

FILED

**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836838 (3)

1. Corporation Name
HAMILTON INSURANCE COMPANY



Principal Place of Business 8201 FOREST HILL AVENUE SUITE 200 RICHMOND VA 23235-3053 US	Mailing Address P. O. BOX 85122 RICHMOND VA 23285-5122 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 08/10/1976	3a. Date of Last Report 03/04/1996
4. FEI Number 52-0792757	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. City

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LATHAM, JOHN K	
STREET ADDRESS	9700 OLD COUNTRY TRACE	
CITY-ST-ZIP	RICHMOND VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABRAM, JONATHAN A	
STREET ADDRESS	109 CATAWBA COURT	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALL, F. DOUGLAS	
STREET ADDRESS	4539 THREE SQUARE RD	
CITY-ST-ZIP	GOOCHLAND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DESCH, EDWARD	
STREET ADDRESS	1615 HARBOROUGH ROAD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, GREGG T.	
STREET ADDRESS	4508-302 BAYMAR ROAD	
CITY-ST-ZIP	RALEIGHT NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASHMAN, GRACE L.	
STREET ADDRESS	1496 AMBER LANE RD	
CITY-ST-ZIP	MANAKIN-SABOT VA	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4804 GREENPOINT LANE
5.4 CITY-ST-ZIP	HOLLY SPRINGS, NC 27540
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Edward Desch 1/10/97 (804) 327-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (9/96)