

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

FILED

**Mar 24 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 # 836838 (3)

1. Corporation Name
HAMILTON INSURANCE COMPANY



Principal Place of Business 9201 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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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/10/1976

2. Principal Place of Business 21 502 West Office Center Drive Suite, Apt. #, etc. 22 Suite 500 City & State 23 Fort Washington, PA Zip 24 19034	2a. Mailing Address 25 502 West Office Center Dr. Suite, Apt. #, etc. 27 Suite 500 City & State 28 Fort Washington, PA Zip 29 19034
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4. FEI Number 62-1723427	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 C T Corporation System
82 Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road
83
84 City Plantation
85 Zip Code FL 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 and its directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Victoria A. Duva* **VICTORIA A. DUVA**
 Assistant Vice President
 DATE: **3/16/98**

12. OFFICERS AND DIRECTORS

TITLE PD	LATHAM, JOHN K	<input checked="" type="checkbox"/> DELETE
NAME	9700 OLD COUNTRY TRACE	
STREET ADDRESS	RICHMOND VA	
CITY-ST-ZIP		
TITLE SD	ABRAM, JONATHAN A	<input checked="" type="checkbox"/> DELETE
NAME	109 CATAWBA COURT	
STREET ADDRESS	CHAPEL HILL NC	
CITY-ST-ZIP		
TITLE V	WALL, F. DOUGLAS	<input checked="" type="checkbox"/> DELETE
NAME	4539 THREE SQUARE RD	
STREET ADDRESS	GOOCHLAND VA	
CITY-ST-ZIP		
TITLE V	DESCH, EDWARD	<input checked="" type="checkbox"/> DELETE
NAME	1615 HARBOROUGH ROAD	
STREET ADDRESS	RICHMOND VA	
CITY-ST-ZIP		
TITLE TD	DAVIS, GREGG T.	<input checked="" type="checkbox"/> DELETE
NAME	4804 GREENPOINT LN	
STREET ADDRESS	HOLLY SPRINGS NC	
CITY-ST-ZIP		
TITLE V	CASHMAN, GRACE L.	<input checked="" type="checkbox"/> DELETE
NAME	1496 AMBER LANE RD	
STREET ADDRESS	MANAKIN-SABOT VA	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Charles M. Lederman	
1.3 STREET ADDRESS 502 West Office Center Drive, Suite 500	
1.4 CITY-ST-ZIP Fort Washington, PA 19034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE Secretary	
2.2 NAME David W. Galloway, III	
2.3 STREET ADDRESS Same as Above	
2.4 CITY-ST-ZIP	
3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Mary G. Burns	
3.3 STREET ADDRESS Same as Above	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

CR2E034 (10/97)