

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90291 041 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **836838**

1. Corporation Name  
**HAMILTON INSURANCE COMPANY**



|  |  |
|--|--|
| Principal Place of Business<br>502 WEST OFFICE CENTER DRIVE<br>SUITE 500<br>FORT WASHINGTON PA 19034<br>US | Mailing Address<br>502 WEST OFFICE CENTER DRIVE<br>SUITE 500<br>FORT WASHINGTON PA 19034<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                      |                           |   |                                       |                               |
|--------------------------------------|---------------------------|---|---------------------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br><b>08/10/1976</b>  | 4. FEI Number<br><b>62-1723427</b>    | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |                               |
| City & State<br>23                   | City & State<br>28        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |                               |
| Zip<br>24                            | Country<br>30             | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                               |

|   |  |   |           |             |
|---|--|---|-----------|-------------|
| 9. Name and Address of Current Registered Agent<br><b>INSURANCE COMMISSIONER<br/>CAPITOL BLDG.<br/>TALLAHASSEE FL 32399</b> |  | 10. Name and Address of New Registered Agent          |           |             |
|   |  | 81 Name   |           |             |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |           |             |
|   |  | 83  |           |             |
|   |  | 84 City   | <b>FL</b> | 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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>P LEDERMAN, CHARLES M.</b>             | 1.2 NAME  | <b>C Timothy I. McCarthy, Sr.</b>  |
| STREET ADDRESS             | <b>502 W. OFFICE CTR DR., SUITE 500</b>   | 1.3 STREET ADDRESS                                    | <b>502 West Office Center Drive, Suite 500</b>                               |
| CITY-ST-ZIP                | <b>FORT WASHINGTON PA 19034</b>           | 1.4 CITY-ST-ZIP                                       | <b>Fort Washington, PA 19034</b>   |
| TITLE                      | <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>S GALLOWAY, III D</b>                  | 2.2 NAME  | <b>D Diane Lederman</b>  |
| STREET ADDRESS             | <b>502 W. OFFICE CTR DR., SUITE 500</b>   | 2.3 STREET ADDRESS                                    | <b>502 West Office Center Drive, Suite 500</b>                               |
| CITY-ST-ZIP                | <b>FORT WASHINGTON PA 19034</b>           | 2.4 CITY-ST-ZIP                                       | <b>Fort Washington, PA 19034</b>   |
| TITLE                      | <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>T BURNS, MARY G.</b>                   | 3.2 NAME  | <b>D Patricia M. McCarthy</b>  |
| STREET ADDRESS             | <b>502 WEST OFFICE CTR DR., SUITE 500</b> | 3.3 STREET ADDRESS                                    | <b>502 West Office Center Drive, Suite 500</b>                               |
| CITY-ST-ZIP                | <b>FORT WASHINGTON PA 19034</b>           | 3.4 CITY-ST-ZIP                                       | <b>Fort Washington, PA 19034</b>   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  | <b>D James J. McCarthy</b>   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    | <b>555 North Lane, Suite 605C</b>  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       | <b>Conshohocken, PA 19428</b>  |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  | <b>D Douglas M. Bell</b>   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | <b>502 West Office Center Drive, Suite 500</b>                               |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | <b>Fort Washington, PA 19034</b>   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  | <b>D Michael J. Capaldo, Sr.</b>   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    | <b>292 Sweetbriar Circle</b>   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | <b>King of Prussia, PA 19406</b>   |

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: **David W. Galloway** 4-15-99 (610) 941-7672  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)