FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:30

DOCUMENT # **835294** **(0)**

1. Corporation Name

ALEXANDER HAMILTON INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
33045 HAMILTON BLVD FARMINGTON HILLS MI 48334-3329	33045 HAMILTON BLVD FARMINGTON HILLS MI 48334-3329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1975
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 33045 Hamilton Ct.
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: 33045 Hamilton Ct.
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 36-2705935 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER STATE OF FLA.
CAPITOL BUILDING OF FLORIDA
TALLAHASSEE FL 32304

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 title if applicable) (New Registered Agent's signature required when making change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	GILMER, GARY D	12 NAME	Bangs, Lawrence N.	
STREET ADDRESS	33045 HAMILTON BLVD	13 STREET ADDRESS	33045 Hamilton Ct.	
CITY ST ZIP	FARMINGTON HILLS MI	14 CITY ST ZIP	Farmington Hills, MI 48334	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	BLACKMON, FREDERICK L	22 NAME		
STREET ADDRESS	33045 HAMILTON BLVD	23 STREET ADDRESS		
CITY ST ZIP	FARMINGTON HILLS MI	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	SHAY, PAUL R	32 NAME		
STREET ADDRESS	33045 HAMILTON BLVD	33 STREET ADDRESS		
CITY ST ZIP	FARMINGTON HILLS MI	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	ETHERINGTON, STEPHEN R	42 NAME		
STREET ADDRESS	33045 HAMILTON BLVD	43 STREET ADDRESS		
CITY ST ZIP	FARMINGTON HILLS MI	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	DAVISON, ROBERT J.	52 NAME		
STREET ADDRESS	33045 HAMILTON BLVD	53 STREET ADDRESS		
CITY ST ZIP	FARMINGTON HILLS MI	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	LARSON, GAYLEN N.	62 NAME	Aldinger, William	
STREET ADDRESS	2700 SANDERS ROAD	63 STREET ADDRESS	2700 Sanders Rd.	
CITY ST ZIP	PROSPECT HEIGHTS IL	64 CITY ST ZIP	Prospect Heights, IL	

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)(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: _____ 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Daytime Phone #