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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

**1996** 4-8-96 B- 31990 CORPORATIONS C

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

1. Corporation Name

**ALEXANDER HAMILTON INSURANCE COMPANY OF AMERICA**

| Principal Place of Business | Mailing Address |
|---|---|
| 33045 HAMILTON BLVD<br>FARMINGTON HILLS MI 48334-3329 | 33045 HAMILTON BLVD<br>FARMINGTON HILLS MI 48334-3329 |

3. Date Incorporated or Qualified: 10/29/1975

3a. Date of Last Report: 03/30/1995

2. Principal Place of Business
21 32991 Hamilton Court
22 Suite, Apt. #, etc.
23 City & State: Farmington Hills, MI
24 Zip: 48334-335[illegible] 25 Country: US

2a. Mailing Address
26 32991 Hamilton Court
27 Suite, Apt. #, etc.
28 City & State: Farmington Hills, MI
29 Zip: 48334-3358 30 Country: US

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. (NOTE: Registered Agent signature required before document will be filed.)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BANGS, LAWRENCE N.<br>33045 HAMILTON BLVD<br>FARMINGTON HILLS MI | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PD<br>Arndt, Thomas<br>32991 Hamilton Court<br>Farmington Hills, MI 48334-3358 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BLACKMON, FREDERICK L<br>33045 HAMILTON BLVD<br>FARMINGTON HILLS MI | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | V<br>Anderson, Kirk<br>32991 Hamilton Court<br>Farmington Hills, MI 48334-3358 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SHAY, PAUL R<br>33045 HAMILTON BLVD<br>FARMINGTON HILLS MI | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | SD<br>Shay, Paul R.<br>32991 Hamilton Court<br>Farmington Hills, MI 48334-3358 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ETHERINGTON, STEPHEN R<br>33045 HAMILTON BLVD<br>FARMINGTON HILLS MI | ☒ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | T<br>Locricchio, William<br>32991 Hamilton Court<br>Farmington Hills, MI 48334-3358 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>DAVISON, ROBERT J.<br>33045 HAMILTON BLVD<br>FARMINGTON HILLS MI | ☒ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LARSON, GAYLEN N.<br>2700 SANDERS ROAD<br>PROSPECT HEIGHTS IL | ☒ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** William N. Locricchio 3/29/96 810 848-7817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #