FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **836838** **(3)**

1. Corporation Name
HAMILTON INSURANCE COMPANY

Principal Place of Business	Mailing Address
1063 TECHNOLOGY PARK DR. GLEN ALLEN VA 23060-4500 US	P. O. BOX 85122 RICHMOND VA 23285-5122 US

2. Principal Place of Business
21 9201 FOREST HILL AVE
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 RICHMOND, VA
Zip 24 23235-3053 Country 25

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

3. Date Incorporated or Qualified: 08/10/1976
3a. Date of Last Report: 04/19/1995
4. FEI Number: 52-0792757 ☐ 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

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
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 (Signature, typed or printed name of registered agent and title if applicable. NOTE: For a new Agent, signature required when reporting.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LATHAM, JOHN K		1.2 NAME		
STREET ADDRESS	9700 OLD COUNTRY TRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ABRAM, JONATHAN A		2.2 NAME		
STREET ADDRESS	109 CATAWBA COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC		2.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	WALL, F. DOUGLAS		3.2 NAME		
STREET ADDRESS	4539 THREE SQUARE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GOOCHLAND VA		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DESCH, EDWARD		4.2 NAME		
STREET ADDRESS	18 CHASE GAYTON #1638		4.3 STREET ADDRESS	1615 HARBOROUGH ROAD	
CITY-ST-ZIP	RICHMOND VA		4.4 CITY-ST-ZIP	RICHMOND, VA 23233	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, GREGG T.		5.2 NAME		
STREET ADDRESS	4508-302 BAYMAR ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGHT NC		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CASHMAN, GRACE L.		6.2 NAME		
STREET ADDRESS	1496 AMBER LANE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MANAKIN-SABOT VA		6.4 CITY-ST-ZIP		

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)(k), 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 1/26/96 (804) 327-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
EDWARD DESCH, VICE PRESIDENT