

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **854698** (8)

1. Corporation Name
ALEXANDER HAMILTON LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business: **100 NORTH GREENE STREET, P O BOX 21008, GREENSBORO NC 27420**
 Mailing Address: **100 NORTH GREENE STREET, P O BOX 21008, GREENSBORO NC 27420**

3. Date Incorporated or Qualified: **11/17/1982**
 3a. Date of Last Report: **04/13/1995**
 4. FEI Number: **56-1311063**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER, THE CAPITAL, TALLAHASSEE FL 32301**
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HAL B JR	12 NAME	
STREET ADDRESS	100 N. GREENE ST	13 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, JOHN D.	22 NAME	
STREET ADDRESS	100 N GREENE ST	23 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	24 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASS, DENNIS R.	32 NAME	
STREET ADDRESS	100 N. GREENE STREET	33 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	34 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONECIPHER, DAVID A	42 NAME	
STREET ADDRESS	100 N. GREENE ST	43 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	44 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, ROBERT A.	52 NAME	
STREET ADDRESS	100 N. GREENE ST.	53 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

SEE ATTACHED SHEET FOR A COMPLETE LIST OF OFFICERS & DIRECTORS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hal B Phillips Jr* Hal B. Phillips, Jr. 6/13/96 910-691-3496
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Month

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**Alexander Hamilton Life Insurance Company
of America**

Directors:

Dennis R. Glass
Kenneth C. Mlekush
David A. Stonecipher

John D. Hopkins
James T. Ponder
E. Jay Yelton

Officers:

David A. Stonecipher - Chairman of the Board and President
Dennis R. Glass - Executive Vice President and Treasurer
John D. Hopkins - Executive Vice President and General Counsel
Kenneth C. Mlekush - Executive Vice President
James T. Ponder - Executive Vice President/Chief Marketing
Officer
E. Jay Yelton - Executive Vice President
Reggie D. Adamson - Senior Vice President-Finance
Darryl D. Andrews - Senior Vice President-Information
Technology
Charles P. Elam - Senior Vice President and Annuity Actuary
John C. Ingram - Senior Vice President-Securities
Hal B. Phillips - Senior Vice President and Life Actuary
Loretta Abrams - Vice President-Underwriting/Issue
Dale E. Cooper - Vice President-Variable Products
Gary E. Dace - Vice President-Financial Institutions
C. Lindsay Ingram - Vice President-Individual In-Force
Operations
Richard E. McCarter - Vice President-Marketing Services
Robert A. Reed - Vice President and Secretary
Jimmy W. Shoffner - Vice President-Financial Reporting
Richard T. Stange - Vice President and Deputy General Counsel
Francis A. Sutherland - Vice President-Government Relations
Dennis J. Swanick - Vice President and Assistant Treasurer
Joe E. Davis - Second Vice President and Associate Actuary
Donna L. Drew - Second Vice President-Annuity Network
Clyde Honaker, Jr. - Second Vice President and Site Manager-
Lexington
Bonita G. Johnson - Second Vice President and Associate Actuary
Philip T. Johnson - Second Vice President-Accounting
Kristine K. Kattmann - Second Vice President and Associate
Actuary
Alan D. Roman - Second Vice President-Agency
J. Gregory Poole - Assistant Secretary
Deborah L. McKenney - Assistant Secretary