

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Aug 08 1997 8:00am
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1982	3a. Date of Last Report 06/18/1996
21		26		4. FEI Number 56-1311063	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HAL B JR	1.2 NAME	
STREET ADDRESS	100 N. GREENE ST	1.3 STREET ADDRESS	Greensboro NC 27401
CITY-ST-ZIP	GREENSBORO NC	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, JOHN D.	2.2 NAME	
STREET ADDRESS	100 N GREENE ST	2.3 STREET ADDRESS	Greensboro NC 27401
CITY-ST-ZIP	GREENSBORO NC	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, DENNIS R.	3.2 NAME	
STREET ADDRESS	100 N. GREENE STREET	3.3 STREET ADDRESS	Greensboro NC 27401
CITY-ST-ZIP	GREENSBORO NC	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONECIPHER, DAVID A	4.2 NAME	
STREET ADDRESS	100 N. GREENE ST	4.3 STREET ADDRESS	Greensboro NC 27401
CITY-ST-ZIP	GREENSBORO NC	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, ROBERT A.	5.2 NAME	
STREET ADDRESS	100 N. GREENE ST.	5.3 STREET ADDRESS	Greensboro NC 27401
CITY-ST-ZIP	GREENSBORO NC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V James T. Ponder
STREET ADDRESS		6.3 STREET ADDRESS	100 N. Greene St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Greensboro NC 27401

14. I do 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.

SIGNATURE: *C. Phillip K. Mortham* 7/30/97 910/691-4605

CR2E034 (4/97)

**ALEXANDER HAMILTON LIFE INSURANCE COMPANY
OF AMERICA**

DIRECTORS

Donna Louise Drew	32991 Hamilton Court	Farmington Hills, Mi 48334
Kenneth C. Mlekush	100 N. Greene Street	Greensboro, N.C. 27420
E. Jay Yelton	100 N. Greene Street	Greensboro, N.C. 27420

OFFICERS

EVP	Kenneth C. Mlekush	100 N. Greene Street	Greensboro, N.C. 27420
EVP	E. Jay Yelton	100 N. Greene Street	Greensboro, N.C. 27420
V	Cynthia K. Swank	100 N. Greene Street	Greensboro, N.C. 27420