

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90015 012 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854698**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1982	
21		26		4. FEI Number 56-1311063	Applied For 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 the current year Intangible Personal Property Tax. <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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V/ACTUARY	<input type="checkbox"/> DELETE
NAME	PHILLIPS, HAL B JR	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOPKINS, JOHN D.	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLASS, DENNIS R.	
STREET ADDRESS	100 N. GREENE STREET	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STONECIPHER, DAVID A	
STREET ADDRESS	100 N. GREENE ST	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	REED, ROBERT A.	
STREET ADDRESS	100 N. GREENE ST.	
CITY-ST-ZIP	GREENSBORO NC 27401	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PONDER, JAMES T	
STREET ADDRESS	100 N GREENE ST	
CITY-ST-ZIP	GREENSBORO NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KENNETH C. MLEKUSH	
1.3 STREET ADDRESS	100 N. GREENE ST.	
1.4 CITY-ST-ZIP	GREENSBORO NC 27401	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUSSELL C. SIMPSON	
6.3 STREET ADDRESS	100 N. GREENE ST.	
6.4 CITY-ST-ZIP	GREENSBORO, NC 27401	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 6/8/99 Daytime Phone #: 336.691.3375

CR2E034 (1/198)