

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836838 (3)
1. Corporation Name
HAMILTON INSURANCE COMPANY



Principal Place of Business 8201 FOREST HILL AVENUE SUITE 200 RICHMOND VA 23235-3053 US	Mailing Address P. O. BOX 85122 RICHMOND VA 23285-5122 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1976	3a. Date of Last Report 03/04/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-0792757	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESCH, EDWARD	4.2 NAME	
STREET ADDRESS	1615 HARBOROUGH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GREGG T.	5.2 NAME	
STREET ADDRESS	4508-302 BAYMAR ROAD	5.3 STREET ADDRESS	4804 GREENPOINT LANE
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	HOLLY SPRINGS, NC 27540
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 included 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 1/10/97 (804) 327-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR