

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
9201 FOREST HILL AVENUE  
SUITE 200  
RICHMOND VA 23235-3053  
US

Mailing Address  
P. O. BOX 85122  
RICHMOND VA 23285-5122  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 502 West Office Center Drive		2a 502 West Office Center Dr.		08/10/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 500		27 Suite 500		62-1723427	
City & State		City & State		5. Certificate of Status Desired	
23 Fort Washington, PA		28 Fort Washington, PA		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 19034		29 19034		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year intangible	
25 Montgomery		30 Montgomery		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLACK, DWIGHT W. 900 ORANGE AVENUE WINTER PARK FL 32789		81 Name C T Corporation System	
		82 Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road	
		83	
		84 City Plantation	
		FL 85 Zip Code 33324	

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

SIGNATURE *Victor A. Dova* DATE *3/16/98*  
VICTOR A. DOVA  
Assistant Vice President

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	LATHAM, JOHN K	1.2 NAME	Charles M. Lederman
STREET ADDRESS	9700 OLD COUNTRY TRACE	1.3 STREET ADDRESS	502 West Office Center Drive, Suite 500
CITY-ST-ZIP	RICHMOND VA	1.4 CITY-ST-ZIP	Fort Washington, PA 19034
TITLE	SD	2.1 TITLE	Secretary
NAME	ABRAM, JONATHAN A	2.2 NAME	David W. Galloway, III
STREET ADDRESS	109 CATAWBA COURT	2.3 STREET ADDRESS	Same as Above
CITY-ST-ZIP	CHAPEL HILL NC	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	Treasurer
NAME	WALL, F. DOUGLAS	3.2 NAME	Mary G. Burns
STREET ADDRESS	4539 THREE SQUARE RD	3.3 STREET ADDRESS	Same as Above
CITY-ST-ZIP	GOOCHLAND VA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
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	
NAME	DAVIS, GREGG T.	5.2 NAME	
STREET ADDRESS	4804 GREENPOINT LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY SPRINGS NC	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
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 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.