

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90291 041 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 836838**

1. Corporation Name  
**HAMILTON INSURANCE COMPANY**



Principal Place of Business 502 WEST OFFICE CENTER DRIVE SUITE 500 FORT WASHINGTON PA 19034 US	Mailing Address 502 WEST OFFICE CENTER DRIVE SUITE 500 FORT WASHINGTON PA 19034 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/10/1976	4. FEI Number 62-1723427	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 30	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32399	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
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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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME LEDERMAN, CHARLES M. STREET ADDRESS 502 W. OFFICE CTR DR., SUITE 500 CITY-ST-ZIP FORT WASHINGTON PA 19034	<input type="checkbox"/> DELETE	1.1 TITLE C 1.2 NAME Timothy I. McCarthy, Sr. 1.3 STREET ADDRESS 502 West Office Center Drive, Suite 500 1.4 CITY-ST-ZIP Fort Washington, PA 19034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME GALLOWAY, III D STREET ADDRESS 502 W. OFFICE CTR DR., SUITE 500 CITY-ST-ZIP FORT WASHINGTON PA 19034	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME Diane Lederman 2.3 STREET ADDRESS 502 West Office Center Drive, Suite 500 2.4 CITY-ST-ZIP Fort Washington, PA 19034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME BURNS, MARY G. STREET ADDRESS 502 WEST OFFICE CTR DR., SUITE 500 CITY-ST-ZIP FORT WASHINGTON PA 19034	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Patricia M. McCarthy 3.3 STREET ADDRESS 502 West Office Center Drive, Suite 500 3.4 CITY-ST-ZIP Fort Washington, PA 19034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME James J. McCarthy 4.3 STREET ADDRESS 555 North Lane, Suite 605C 4.4 CITY-ST-ZIP Conshohocken, PA 19428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Douglas M. Bell 5.3 STREET ADDRESS 502 West Office Center Drive, Suite 500 5.4 CITY-ST-ZIP Fort Washington, PA 19034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Michael J. Capaldo, Sr. 6.3 STREET ADDRESS 292 Sweetbriar Circle 6.4 CITY-ST-ZIP King of Prussia, PA 19406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: David W. Galloway 4-15-99 (610) 941-7672  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)