

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 AME  
RICA

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

3. Date Incorporated or Qualified

11/17/1982

3a. Date of Last Report

06/18/1996

4. FEI Number

56-1311063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PHILLIPS, HAL B JR  
STREET ADDRESS  
100 N. GREENE ST  
CITY-ST-ZIP  
GREENSBORO NC

TITLE ☐ DELETE

NAME  
HOPKINS, JOHN D.  
STREET ADDRESS  
100 N GREENE ST  
CITY-ST-ZIP  
GREENSBORO NC

TITLE ☐ DELETE

NAME  
GLASS, DENNIS R.  
STREET ADDRESS  
100 N. GREENE STREET  
CITY-ST-ZIP  
GREENSBORO NC

TITLE ☐ DELETE

NAME  
STONECIPHER, DAVID A  
STREET ADDRESS  
100 N. GREENE ST  
CITY-ST-ZIP  
GREENSBORO NC

TITLE ☐ DELETE

NAME  
REED, ROBERT A.  
STREET ADDRESS  
100 N. GREENE ST.  
CITY-ST-ZIP  
GREENSBORO NC

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Greensboro NC 27401

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Greensboro NC 27401

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Greensboro NC 27401

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Greensboro NC 27401

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Greensboro NC 27401

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V  
James T. Ponder  
100 N. Greene St.  
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

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