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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 854698

1. Corporation Name

ALEXANDER HAMILTON LIFE INSURANCE COMPANY OF AME RICA

Mailing Address Principal Place of Business 100 NORTH GREENE STREET 100 NORTH GREENE STREET P O BOX 21008 P O BOX 21008 DO NOT WRITE IN THIS SPACE GREENSBORO NC 27420 GREENSBORO NC 27420 3. Date Incorporated or Qualifed 11/17/1982 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 56-1311063 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Zip Country Yes □No Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name INSURANCE COMISSIONER Street Address (P.O. Box Number is Not Acceptable) 82 THE CAPITAL TALLAHASSEE FL 32301 83 84 85 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE PRESIDENT V/ACTUARY TITLE KENNETH C. MLEKUSH 1.2 NAME PHILLIPS, HAL B JR NAME 100 N. GREENE ST. 100 N. GREENE ST 1.3 STREET ADDRESS STREET ADDRESS GREENS BORD GREENSBORO NC 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 2.1 TITLE HOPKINS, JOHN D. 2.2 NAME NAME 100 N GREENE ST 2.3 STREET ADDRESS STREET ADDRESS GREENSBORO NC 27401 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition V/D DELETE 3.1 TITLE TITLE GLASS, DENNIS R. NAME 3.2 NAME 100 N. GREENE STREET 3.3 STREET ADDRESS STREET ADDRESS GREENSBORO NC 27401 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition 0/0 DELETE 4.1 TITLE PD TITL'S STONECIPHER, DAVID A 4, 2 NAME NAME 4.3 STREET ADDRESS 100 N. GREENE ST STREET ADDRESS 27401 GREENSBORO NC 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE ٧S

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 resempter 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 adactionent with a restriction of the corporation of the c

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REED, ROBERT A.

100 N. GREENE ST.

GREENSBORO NC

PONDER, JAMES T

100 N GREENE ST

GREENSBORO NC

27401

DELETE

RUSSELL C. SIMPSON

GREENSBORD, NC 27401

100 N. GREENE ST.

Change

CR2E034 (11/98)

Addition