FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:30

DOCUMENT # **P14790** **(0)**

1. Corporation Name

HAMILTON NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
33045 HAMILTON BLVD. FARMINGTON HILLS MI 48334-3329	33045 HAMILTON BLVD. FARMINGTON HILLS MI 48334-3329

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/10/1987**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 33045 Hamilton Ct.	26 33045 Hamilton Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **38-2341728** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32314

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, FREDERICK L	12 NAME	
STREET ADDRESS	33045 HAMILTON BLVD	13 STREET ADDRESS	
CITY ST ZIP	FARMINGTON HILLS MI	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DAVISON, ROBERT J.	22 NAME	
STREET ADDRESS	33045 HAMILTON BLVD.	23 STREET ADDRESS	
CITY ST ZIP	FARMINGTON HILLS MI	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	COOKE, ALBERT A	32 NAME	
STREET ADDRESS	33045 HAMILTON BLVD.	33 STREET ADDRESS	
CITY ST ZIP	FARMINGTON HILLS MI	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	GILMER, GARY D	42 NAME	PD Bangs, Lawrence N.
STREET ADDRESS	33045 HAMILTON BLVD	43 STREET ADDRESS	33045 Hamilton Ct.
CITY ST ZIP	FARMINGTON HILLS MI	44 CITY ST ZIP	Farmington Hills, MI 48334
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	WEST, TERRY W	52 NAME	V Davis, John R.
STREET ADDRESS	33045 HAMILTON BOULEVARD	53 STREET ADDRESS	33045 Hamilton Ct.
CITY ST ZIP	FARMINGTON HILLS MI	54 CITY ST ZIP	Farmington Hills, MI 48334
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	SHAY, PAUL R	62 NAME	
STREET ADDRESS	33045 HAMILTON BLVD	63 STREET ADDRESS	
CITY ST ZIP	FARMINGTON HILLS MI	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/17/95
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date (Daytime Phone #)