

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 APR -6 AM 9:57

DOCUMENT # 801789 (9)

1. Corporation Name

AMERICAN ALTERNATIVE INSURANCE CORPORATION

Principal Place of Business

**2 WORLD FINANCIAL CENTER
225 LIBERTY STR. 29TH FLOOR
NEW YORK NY 10281
US**

Mailing Address

**555 COLLEGE RD E
LAW DEPT - IG RIVERA
PRINCETON NJ 08543-5241
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/19/1923

3a. Date of Last Report

03/31/1994

4. FEI Number

06-0242815

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

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 CAPITOL
TALLAHASSEE FL**

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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C

**JOBE, EDWARD B
32 VREELAND CT
PRINCETON NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**INDERBITZIN, PAUL H
910 OLD DOLINGTON RD
NEWTOWN PA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

**LESTRANGE, KENNETH J
2 SPRING OAK DR
NEWTOWN PA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

**JOYE, E M
4750 PROVINCE LINE RD
PRINCETON NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

**FISHER, JAMES R
10 PHEASANT RUN
CLARKSBURG NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

SEE ATTACHED

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 110.07(3)(b), 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:

Emory E

Senior Vice President, General Counsel

(609) 243-8819

and Secretary

3/21/95