FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business
21

Street, Apt. #, etc.
22

City, & State
23

Zip
24

Country
25

2a. Mailing Address
26

Street, Apt. #, etc.
27

City, & State
28

Zip
29

Country
30

3. Date Incorporated or Qualified: **06/19/1923**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **06-0242815** ☐ 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

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 607.1505 and 617.1505, 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

Title	C	☐ DELETE
Name	JOBE, EDWARD B	
Street Address	32 VREELAND CT	
City, St, Zip	PRINCETON NJ	
Title	PD	☐ DELETE
Name	INDERBITZIN, PAUL H	
Street Address	910 OLD DOLINGTON RD	
City, St, Zip	NEWTOWN PA	
Title	VD	☐ DELETE
Name	LESTRANGE, KENNETH J	
Street Address	2 SPRING OAK DR	
City, St, Zip	NEWTOWN PA	
Title	SD	☒ DELETE
Name	JOYE, E M	
Street Address	4750 PROVINCE LINE RD	
City, St, Zip	PRINCETON NJ	
Title	TD	☐ DELETE
Name	FISHER, JAMES R	
Street Address	10 PHEASANT RUN	
City, St, Zip	CLARKSBURG NJ	
Title		☐ DELETE
Name		
Street Address		
City, St, Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title	D	☒ Change ☐ Addition
2. Name	JOBE, EDWARD B.	
3. Street Address	32 VREELAND COURT	
4. City, St, Zip	PRINCETON, NJ	
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title	SVP/S/D	☐ Change ☒ Addition
2. Name	BURGESS, ROBERT K.	
3. Street Address	30 PHEASANT HILL ROAD	
4. City, St, Zip	PRINCETON, NJ	
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		

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****200.00 ****200.00

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14. I (we) hereby certify that the information supplied with this form is true, complete 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 added to the report with an address.

SIGNATURE: Robert K. Burgess (609)243-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert K. Burgess, Senior Vice President, General Counsel and Secretary