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 # **846846** **(4)**

1. Corporation Name

AMERICAN INTERNATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
505 CARR ROAD WILMINGTON DE 19850 US	70 PINE STREET 27TH FLOOR NEW YORK NY 10270 US

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

3. Date Incorporated or Qualified: 08/29/1980	3a. Date of Last Report: 05/01/1995
4. FEI Number: 52-1059519	☐ 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

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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 607.1506, 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 .....
Signature, typed or printed name of registered agent and title if applicable (NOTE: For a new Registered Agent, signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HANSEN, J. ERNEST		1.2 NAME		
STREET ADDRESS	505 CARR ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	D, G.C., VP	☐ Change ☑ Addition
NAME	FOLEY, PATRICK		2.2 NAME	Walsh, David J.	
STREET ADDRESS	70 PINE STREET		2.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TUCK, ELIZABETH M.		3.2 NAME		
STREET ADDRESS	70 PINE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	TAV	☐ DELETE	4.1 TITLE	V, C, T.	☑ Change ☐ Addition
NAME	PHEIL, GLENN		4.2 NAME		
STREET ADDRESS	505 CARR ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HOWARD		5.2 NAME		
STREET ADDRESS	70 PINE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, EDWARD E.		6.2 NAME		
STREET ADDRESS	70 PINE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 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)(k), 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: Elizabeth M. Tuck 4-25-96 (212)770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)