

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **857724** (9)

1. Corporation Name  
**AMERICAN GLOBAL INSURANCE COMPANY**

Principal Place of Business  
**70 PINE ST  
NEW YORK NY 10270**

Mailing Address  
**70 PINE ST.  
27TH FLOOR  
NEW YORK NY 10270**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/15/1983</b>	3a. Date of Last Report <b>06/03/1994</b>
4. FEI Number <b>02-6008643</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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

TITLE	PD
NAME	DAVIS, JAMES S
STREET ADDRESS	70 PINE STREET
CITY, ST, ZIP	NEW YORK NY
TITLE	S
NAME	TUCK, ELIZABETH M.
STREET ADDRESS	70 PINE ST.
CITY, ST, ZIP	NEW YORK NY 10270
TITLE	VC
NAME	GUERIN, JAMES L
STREET ADDRESS	405 HILL ST
CITY, ST, ZIP	MANCHESTER NH
TITLE	V
NAME	FOLEY, PATRICK J.
STREET ADDRESS	70 PINE ST.
CITY, ST, ZIP	NEW YORK NY 10270
TITLE	VD
NAME	MATTHEWS, EDWARD E
STREET ADDRESS	45 MONTADALE CR
CITY, ST, ZIP	PRINCETON NJ
TITLE	D
NAME	GREENBERG, MAURICE R
STREET ADDRESS	1 EAST 68TH ST
CITY, ST, ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Michael J. Castelli
33 STREET ADDRESS	99 JOHN STREET
34 CITY, ST, ZIP	NEW YORK, NY 10028
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not equally for the description stated in Section 119.07(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: *Elizabeth M. Rice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-236 95 (70) 770 7000  
Date