

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 # 857724 (9) *NC 12-8-95*
1. Corporation Name
AMERICAN GLOBAL INSURANCE COMPANY
American International South Insurance Company.



Principal Place of Business: **70 PINE ST NEW YORK NY 10270**
Mailing Address: **70 PINE ST. 27TH FLOOR NEW YORK NY 10270**

2. Principal Place of Business
21 *3100 One First Union*
22 *301 South College St.*
23 *Charlotte, NC*
24 *28202*
25
26
27 *Attn: E.M. TUCK*
28
29
30

3. Date Incorporated or Qualified: **09/15/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **02-6008643**
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
CAPITOL BLDG.
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
85 Zip Code: **FL**

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: _____
Signature typed or printed name of registered agent and title of office. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JAMES S	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH M.	
STREET ADDRESS	70 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	VTCD	<input type="checkbox"/> DELETE
NAME	CASTELLI, MICHAEL J.	
STREET ADDRESS	99 JOHN ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, PATRICK J.	
STREET ADDRESS	70 PINE ST.	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, EDWARD E	
STREET ADDRESS	45 MONTADALE CR	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENBERG, MAURICE R	
STREET ADDRESS	1 EAST 66TH ST	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Carpenter, Thomas	
13 STREET ADDRESS	301 South College Street	
14 CITY-ST-ZIP	Charlotte, NC 28202	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Walsh, David J.	
43 STREET ADDRESS	70 Pine Street	
44 CITY-ST-ZIP	New York, NY 10270	
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 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: *Richard M. McE* **4-25-90** **(212) 770-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)