

5-6-97

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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 857724 (9)
1. Corporation Name
AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY

Principal Place of Business

3700 ONE FIRST UNION
301 S. COLLEGE ST.
CHARLOTTE NC 28202

Mailing Address

ATTN: E.M. TUCK 3700 ONE FIRST UNION
301 S COLLEGE ST.
CHARLOTTE NC 28202-6000

FILED
May 06 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 70 Pine Street
Suite, Apt. #, etc.

27 Attn: E. M. TUCK

28 City & State
NEW YORK, NY

29 Zip

10270

30 Country

3. Date Incorporated or Qualified

09/15/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

02-6008643

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
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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CARPENTER, THOMAS
STREET ADDRESS 301 S. COLLEGE ST.
CITY-ST-ZIP CHARLOTTE NC 28202

☐ DELETE

TITLE S
NAME TUCK, ELIZABETH M.
STREET ADDRESS 70 PINE ST.
CITY-ST-ZIP NEW YORK NY 10270

☐ DELETE

TITLE VT
NAME CASTELLI, MICHAEL J.
STREET ADDRESS 99 JOHN ST.
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE V
NAME WALSH, DAVID J
STREET ADDRESS 70 PINE ST.
CITY-ST-ZIP NEW YORK NY 10270

☐ DELETE

TITLE VD
NAME MATTHEWS, EDWARD E
STREET ADDRESS 45 MONTADALE CR
CITY-ST-ZIP PRINCETON NJ

☐ DELETE

TITLE D
NAME GREENBERG, MAURICE R
STREET ADDRESS 1 EAST 66TH ST
CITY-ST-ZIP NEW YORK NY

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

Signature of registered agent and title if applicable.

Signature of registered agent and title if applicable.

CR2E034 (9/96)