

5-6-97 B-6449 C
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 May 06 1997 8:00am
 Secretary of State

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

3. Date Incorporated or Qualified: 09/15/1983
 3a. Date of Last Report: 05/01/1996
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30
 70 Pine Street
 Attn: E. M. TUCK
 NEW YORK, NY
 10270

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: 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	<input type="checkbox"/> DELETE
TITLE: S NAME: TUCK, ELIZABETH M. STREET ADDRESS: 70 PINE ST. CITY-ST-ZIP: NEW YORK NY 10270	<input type="checkbox"/> DELETE
TITLE: VT NAME: CASTELLI, MICHAEL J. STREET ADDRESS: 99 JOHN ST. CITY-ST-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE
TITLE: V NAME: WALSH, DAVID J STREET ADDRESS: 70 PINE ST. CITY-ST-ZIP: NEW YORK NY 10270	<input type="checkbox"/> DELETE
TITLE: VD NAME: MATTHEWS, EDWARD E STREET ADDRESS: 45 MONTADALE CR CITY-ST-ZIP: PRINCETON NJ	<input type="checkbox"/> DELETE
TITLE: D NAME: GREENBERG, MAURICE R STREET ADDRESS: 1 EAST 68TH ST CITY-ST-ZIP: NEW YORK NY	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V matthews, Edward E.
5.2 NAME	70 Pine Street
5.3 STREET ADDRESS	New York, NY 10270
5.4 CITY-ST-ZIP	
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	C/D
6.2 NAME	Rupley, Theodore J.
6.3 STREET ADDRESS	70 Pine Street
6.4 CITY-ST-ZIP	New York, NY 10270

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: [Handwritten Signature] (212) 770-7000

CR2E034 (9/96)