

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
70 PINE ST.
ATTN: E.M. TUCK
NEW YORK N. 10270
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 02-6008643	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Gordon, Knight W.
NAME	CARPENTER, THOMAS	1.2 NAME	P
STREET ADDRESS	301 S. COLLEGE ST.	1.3 STREET ADDRESS	4201 Congress Street
CITY-ST-ZIP	CHARLOTTE NC 28202	1.4 CITY-ST-ZIP	Charlotte, NC 28209
TITLE	S	2.1 TITLE	
NAME	TUCK, ELIZABETH M.	2.2 NAME	
STREET ADDRESS	70 PINE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10270	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	SVT
NAME	CASTELLI, MICHAEL J.	3.2 NAME	Castelli, Michael J.
STREET ADDRESS	99 JOHN ST.	3.3 STREET ADDRESS	70 Pine Street
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10270
TITLE	V	4.1 TITLE	
NAME	WALSH, DAVID J	4.2 NAME	
STREET ADDRESS	70 PINE ST.	4.3 STREET ADDRESS	160 Water Street
CITY-ST-ZIP	NEW YORK NY 10270	4.4 CITY-ST-ZIP	New York, NY 10038
TITLE	V	5.1 TITLE	
NAME	MATTHEWS, EDWARD E	5.2 NAME	
STREET ADDRESS	70 PINE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	
NAME	RUPLEY, THEODORE J.	6.2 NAME	
STREET ADDRESS	70 PINE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I 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]* 4-29-98 (212)770-7000

CR2E034 (10/97)