

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
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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	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Gordon, Knight W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	3.1 TITLE	SVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 10238	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE: **4-29-98** (202)770-7000

CR2E034 (10/97)