

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90077 002 \*\*\*150.00

DOCUMENT # 857724

1. Corporation Name

AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY

Principal Place of Business

1700 ONE FIRST UNION  
101 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

3. Date Incorporated or Qualified

09/15/1983

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip Country

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 ☐ DELETE

NAME  
GORDON, K W  
STREET ADDRESS  
4201 CONGRESS ST  
CITY-ST-ZIP  
CHARLOTTE NC 28209

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
CASTELLI, MICHAEL J.  
STREET ADDRESS  
70 PINE ST  
CITY-ST-ZIP  
NEW YORK NY 10270

TITLE ☒ DELETE

NAME  
WALSH, DAVID J  
STREET ADDRESS  
160 WATER ST  
CITY-ST-ZIP  
NEW YORK NY 10238

TITLE ☐ DELETE

NAME  
MATTHEWS, EDWARD E  
STREET ADDRESS  
70 PINE ST..  
CITY-ST-ZIP  
NEW YORK NY

TITLE ☒ DELETE

NAME  
RUPLEY, THEODORE J.  
STREET ADDRESS  
70 PINE ST.  
CITY-ST-ZIP  
NEW YORK NY

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

C/D  
Moor, Kristian Philip  
175 Water St  
New York, NY 10038

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, with all other like empowered.

SIGNATURE:

*Signature Required*

4/29/99

Date

212 770 - 7000

Daytime Phone #

CR2E034 (11/98)