## DOCUMENT # **857724**

1. Entity Name

## AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY

Principal Place of Business

Mailing Address

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

70 PINE ST. ATTN: E.M. TUCK NEW YORK N. 10270-0002

2. Principal Place of Business Suite, Apt. #, etc.

City & State

Zip

**SIGNATURE** 

3. Mailing Address

Suite, Apt. #, etc. City & State

5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

П

FILED

00 JUL -7 AM 8: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

02-6008643

7. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301

Name

(NOTE: Registered Agent signature required when reinstating)

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

Country

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE GORDON, K W NAME NAME STREET ADDRESS STREET ADDRESS 4201 CONGRESS ST CITY-ST-ZIP CITY-ST-7IP CHARLOTTE NC 28209 ☐ Addition Change □ Delete TITLE TITLE TUCK, ELIZABETH M. NAME NAME STREET ADDRESS STREET ADDRESS 70 PINE ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10270 VTD☐ Addition SVT Delete. TITLE TITLE Jacobson, Robert P. NAME CASTELLI, MICHAEL J. NAME 175 Water street New York, NY 10038 STREET ADDRESS STREET ADDRESS 70 PINE ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10270**  Delete TITLE Change Change ☐ Addition tarkins, KENNETH NAME WALSH, DAVID J NAME 160 WATER STREET STREET ADDRESS STREET ADDRESS 160 WATER ST CITY-ST-ZIP CITY-ST-ZIP NWE YORK NY 10238 Jew York. 85001 YN ☐ Change ☐ Addition ☐ Delete TITLE TITLE MATTHEWS, EDWARD E NAME NAME STREET ADDRESS 70 PINE ST.. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition CD ☐ Delete TITLE TITLE MOOR, KRISTIAN P NAME NAME 600003317196-STREET ADDRESS STREET ADDRESS 175 WATER STREET

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**NEW YORK NY 10038** 

CITY-ST-ZIP



ACCOUNT NO. : 072100000032

REFERENCE: 755506

4320171

AUTHORIZATION

\$ 550.00 COST LIMIT :

ORDER DATE : July 6, 2000

ORDER TIME: 4:30 PM

ORDER NO. : 755506-215

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon

American International Group,

70 Pine Street 27th Floor

New York, NY 10270

## ANNUAL REPORT FILING

NAME:

AMERICAN INTERNATIONAL SOUTH

INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

