

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 857724**

**1. Entity Name**  
AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY



FILED  
04 APR 29 AM 10:37  
700034738197  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 4201 CONGRESS STREET CHARLOTTE, NC 28209	<b>Mailing Address</b> 70 PINE ST. ATTN: E.M. TUCK NEW YORK, N. 10270 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
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Zip	Country	Zip	Country
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04262004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 02-6008643	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	GORDON, K W
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	S <input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH M.
STREET ADDRESS	70 PINE ST.
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	VTD <input type="checkbox"/> Delete
NAME	JACOBSON, ROBERT P
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	V <input type="checkbox"/> Delete
NAME	HARKINS, KENNETH
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, EDWARD E
STREET ADDRESS	70 PINE ST..
CITY-ST-ZIP	NEW YORK, NY
TITLE	CD <input checked="" type="checkbox"/> Delete
NAME	MOOR, KRISTIAN P
STREET ADDRESS	175 WATER STREET
CITY-ST-ZIP	NEW YORK, NY 10038

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOR, Kristian P.
STREET ADDRESS	175 Water Street
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *E. M. Tuck* 4-26-04 (212) 710-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

*Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 10:21 AM

ORDER NO. : 598287-200

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

ANNUAL REPORT FILING

NAME: AMERICAN INTERNATIONAL SOUTH  
INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 APR 29 PM 1:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA