

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



Principal Place of Business
**4201 CONGRESS STREET
CHARLOTTE, NC 28209**

Mailing Address
**70 PINE ST.
ATTN: E.M. TUCK
NEW YORK, N. 10270 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number

02-6008643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE, FL 32301**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME GORDON, K W
STREET ADDRESS 175 WATER STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE CPD ☐ Change ☒ Addition
NAME Moor, Kristian P.
STREET ADDRESS 175 Water Street
CITY-ST-ZIP New York, NY 10038

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME JACOBSON, ROBERT P
STREET ADDRESS 175 WATER STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HARKINS, KENNETH
STREET ADDRESS 175 WATER STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☒ Delete
NAME MOOR, KRISTIAN P
STREET ADDRESS 175 WATER STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 (212) 710-7000

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

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
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA