

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

060937 AB

DOCUMENT # 857724

1. Entity Name  
AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY



FILED

03 APR 29 PM 5:41

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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

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  
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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, K W 175 WATER STREET NEW YORK NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M. 70 PINE ST. NEW YORK NY 10270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500017350055 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBSON, ROBERT P 175 WATER STREET NEW YORK NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARKINS, KENNETH 175 WATER STREET NEW YORK NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEWS, EDWARD E 70 PINE ST.. NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOOR, KRISTIAN P 175 WATER STREET NEW YORK NY 10038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Signature Required  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (212)770-7000  
Date Daytime Phone #

CR2E034 (10/02)

2/2



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 073352 4320171

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : April 29, 2003

ORDER TIME : 11:20 AM

ORDER NO. : 073352-140

CUSTOMER NO: 4320171

CUSTOMER: Ms. Nancy Wong  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

RECEIVED  
03 APR 29 PM 4:38  
STATE  
DEPARTMENT OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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#1114

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