


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

0660937 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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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]*  
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  
 DEPARTMENT OF STATE  
 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: \_\_\_\_\_