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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32624 (9)
1. Corporation Name
AMERICAN INTERNATIONAL INSURANCE COMPANY OF DELA
WARE

Principal Place of Business

605 CARR ROAD
WILMINGTON DE 19850
US

Mailing Address

70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270-0002
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/24/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

13-3551577

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HANSEN, J. ERNEST

STREET ADDRESS 605 CARR RD

CITY-ST-ZIP WILMINGTON DE

TITLE SDCD ☐ DELETE

NAME WALSH, DAVID J

STREET ADDRESS 70 PINE STREET

CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE

NAME MATTHEWS, EDWARD W.

STREET ADDRESS 70 PINE ST

CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE

NAME SITRIN, SHERMAN

STREET ADDRESS 70 PINE ST

CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE

NAME COLONA, JOHN

STREET ADDRESS 70 PINE STREET

CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE

NAME TUCK, ELIZABETH M

STREET ADDRESS 70 PINE ST

CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE T/V ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth M. Tuck

4/29/97

(212) 770-7000

CR2E034 (9/96)