

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 046 ***150.00

DOCUMENT # P32624

1. Corporation Name

**AMERICAN INTERNATIONAL INSURANCE COMPANY OF DELA
WARE**

Principal Place of Business

Mailing Address

**505 CARR ROAD
WILMINGTON DE 19850
US**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **HANSEN, J. ERNEST**

STREET ADDRESS **505 CARR RD**

CITY-ST-ZIP **WILMINGTON DE**

TITLE **VD** ☒ DELETE

NAME **WALSH, DAVID J**

STREET ADDRESS **160 WATER ST**

CITY-ST-ZIP **NEW YORK NY 10038**

TITLE **D** ☐ DELETE

NAME **MATTHEWS, EDWARD W.**

STREET ADDRESS **70 PINE ST**

CITY-ST-ZIP **NEW YORK NY**

TITLE **TV** ☐ DELETE

NAME **PFEIL, GLENN A.**

STREET ADDRESS **505 CARR RD.**

CITY-ST-ZIP **WILMINGTON DE**

TITLE **D** ☐ DELETE

NAME **GREENBERG, M.R.**

STREET ADDRESS **70 PINE ST.**

CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☐ DELETE

NAME **TUCK, ELIZABETH M**

STREET ADDRESS **70 PINE ST**

CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/29/99

212 770-7000

CR2E034 (11/98)