

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:57

DOCUMENT # 801789 (9)
1. Corporation Name
AMERICAN ALTERNATIVE INSURANCE CORPORATION

Principal Place of Business Mailing Address
**2 WORLD FINANCIAL CENTER
225 LIBERTY STR. 29TH FLOOR
NEW YORK NY 10281
US** **555 COLLEGE RD E
LAW DEPT - IG RIVERA
PRINCETON NJ 08543-5241
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/19/1923	03/31/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		06-0242815	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBE, EDWARD B	1 2 NAME	
STREET ADDRESS	32 VREELAND CT	1 3 STREET ADDRESS	
CITY - ST - ZIP	PRINCETON NJ	1 4 CITY - ST - ZIP	
TITLE	PD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDERBITZIN, PAUL H	2 2 NAME	
STREET ADDRESS	910 OLD DOLINGTON RD	2 3 STREET ADDRESS	
CITY - ST - ZIP	NEWTOWN PA	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTRANGE, KENNETH J	3 2 NAME	
STREET ADDRESS	2 SPRING OAK DR	3 3 STREET ADDRESS	
CITY - ST - ZIP	NEWTOWN PA	3 4 CITY - ST - ZIP	
TITLE	SD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYE, E M	4 2 NAME	
STREET ADDRESS	4750 PROVINCE LINE RD	4 3 STREET ADDRESS	
CITY - ST - ZIP	PRINCETON NJ	4 4 CITY - ST - ZIP	
TITLE	TD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JAMES R	5 2 NAME	
STREET ADDRESS	10 PHEASANT RUN	5 3 STREET ADDRESS	
CITY - ST - ZIP	CLARKSBURG NJ	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 addition.

SIGNATURE: *Emily* Senior Vice President, General Counsel (609) 243-8819
and Secretary
DATE: 3/21/95