

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
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		06/19/1923	04/06/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	06-0242815	Not Applicable		
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	Trust Fund Contribution		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23	28	<input type="checkbox"/>	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
Zip	Country	24	25	29	30
		<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

11. Pursuant to the provisions of Sections 607.002 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 607.002, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12	<input type="checkbox"/> DELETE			13	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	C JOBE, EDWARD B			11. TITLE	D JOBE, EDWARD B.		
STREET ADDRESS	32 VREELAND CT			12. NAME	32 VREELAND COURT		
CITY, ST, ZIP	PRINCETON NJ			13. STREET ADDRESS	PRINCETON, NJ		
12	<input type="checkbox"/> DELETE			14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PD INDERBITZIN, PAUL H			21. TITLE			
STREET ADDRESS	910 OLD DOLINGTON RD			22. NAME			
CITY, ST, ZIP	NEWTOWN PA			23. STREET ADDRESS			
12	<input type="checkbox"/> DELETE			24. CITY, ST, ZIP			
NAME	VD LESTRANGE, KENNETH J			31. TITLE			
STREET ADDRESS	2 SPRING OAK DR			32. NAME			
CITY, ST, ZIP	NEWTOWN PA			33. STREET ADDRESS			
12	<input checked="" type="checkbox"/> DELETE			34. CITY, ST, ZIP			
NAME	SD JOYE, E M			41. TITLE	SVP/S/D		
STREET ADDRESS	4750 PROVINCE LINE RD			42. NAME	BURGESS, ROBERT K.		
CITY, ST, ZIP	PRINCETON NJ			43. STREET ADDRESS	30 PHEASANT HILL ROAD		
12	<input type="checkbox"/> DELETE			44. CITY, ST, ZIP	PRINCETON, NJ		
NAME	TD FISHER, JAMES R			51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	10 PHEASANT RUN			52. NAME			
CITY, ST, ZIP	CLARKSBURG NJ			53. STREET ADDRESS			
12	<input type="checkbox"/> DELETE			54. CITY, ST, ZIP			
NAME				61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				62. NAME			
CITY, ST, ZIP				63. STREET ADDRESS			
				64. CITY, ST, ZIP			

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 119.07(3)(g), 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 addendum with an address.

SIGNATURE: *Robert K. Burgess* (609) 243-4330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert K. Burgess, Senior Vice President, General Counsel and Secretary

CR2E034 (12/95)