


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

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**Jun 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801789 (9)

1. Corporation Name
AMERICAN ALTERNATIVE INSURANCE CORPORATION



Principal Place of Business 2 WORLD FINANCIAL CENTER 225 LIBERTY STR. 29TH FLOOR NEW YORK NY 10281 US	Mailing Address 555 COLLEGE RD E LAW DEPT - IG RIVERA PRINCETON NJ 08540-6616 US
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3. Date Incorporated or Qualified 06/19/1923	3a. Date of Last Report 02/07/1996
4. FEI Number 06-0242815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL**

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

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOBE, EDWARD B
STREET ADDRESS	32 VREELAND CT
CITY-ST-ZIP	PRINCETON NJ
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	INDERBITZIN, PAUL H
STREET ADDRESS	910 OLD DOLINGTON RD
CITY-ST-ZIP	NEWTOWN PA
TITLE	VD <input type="checkbox"/> DELETE
NAME	LESTRANGE, KENNETH J
STREET ADDRESS	2 SPRING OAK DR
CITY-ST-ZIP	NEWTOWN PA
TITLE	SVPS <input type="checkbox"/> DELETE
NAME	BURGESS, ROBERT K
STREET ADDRESS	30 PHEASANT HILL ROAD
CITY-ST-ZIP	PRINCETON NJ
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	FISHER, JAMES R
STREET ADDRESS	10 PHEASANT RUN
CITY-ST-ZIP	CLARKSBURG NJ
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Mahmoud M. Abdallah
13 STREET ADDRESS	245 Arreton Road
14 CITY-ST-ZIP	Princeton, NJ
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Edward J. Noonan
23 STREET ADDRESS	4 Turnberry Road
24 CITY-ST-ZIP	New Hope, PA
31 TITLE	EVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Kenneth J. LeStrange
33 STREET ADDRESS	2 Spring Oak Drive
34 CITY-ST-ZIP	Newtown, PA
41 TITLE	EVP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Robert K. Burgess
43 STREET ADDRESS	30 Pheasant Hill Road
44 CITY-ST-ZIP	Princeton, NJ
51 TITLE	T/SVP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	George T. O'Shaughnessy, Jr.
53 STREET ADDRESS	4 Lynn Drive
54 CITY-ST-ZIP	Milltown, NJ
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 _____ (609) 243-8769

CR2E034 (9/96)