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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 08543-5241 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 _____	26 _____
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 _____	27 _____
City & State	City & State
23 _____	28 _____
Zip	Country
24 _____	29 _____
Country	30 _____

3. Date Incorporated or Qualified 06/19/1923	
4. FEI Number 06-0242815	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABDALLAH, MAHMOUD M	
STREET ADDRESS	245 ARRETON RD	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	NOONAN, EDWARD J	
STREET ADDRESS	4 TURNBERRY RD	
CITY-ST-ZIP	NEW HOPE PA	
TITLE	EVPD	<input checked="" type="checkbox"/> DELETE
NAME	LESTRANGE, KENNETH J	
STREET ADDRESS	2 SPRING OAK DR	
CITY-ST-ZIP	NEWTOWN PA	
TITLE	EVPS	<input type="checkbox"/> DELETE
NAME	BURGESS, ROBERT K	
STREET ADDRESS	30 PHEASANT HILL ROAD	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	TSVP	<input type="checkbox"/> DELETE
NAME	O'SHAUGHNESSY, GEORGE T JR	
STREET ADDRESS	4 LYNN DRIVE	
CITY-ST-ZIP	MILLTOWN NJ	
TITLE	_____	<input type="checkbox"/> DELETE
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sr. Counsel & Asst. Sec.
6.3 STREET ADDRESS	Ignacio Rivera
6.4 CITY-ST-ZIP	201 Dickson Drive Westfield, NJ 07090

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **Ignacio Rivera** 1/12/98 (609) 243-8769

CR2E094 (10/97)