

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

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95 MAY - 1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Brenda B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **846846** (4)

1. Corporation Name
AMERICAN INTERNATIONAL INSURANCE COMPANY

Principal Place of Business Mailing Address

**505 CARR ROAD
WILMINGTON DE 19850
US**

**70 PINE STREET
27TH FLOOR
NEW YORK NY 10270
US**

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 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **08/29/1980** 3a. Date of Last Report **06/03/1994**

4. FEI Number **52-1059519** 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 has liability for intangible tax under C. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 Agent or printed name of registered agent last first & surname (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANSEN, J. ERNEST
STREET ADDRESS	505 CARR ROAD
CITY ST ZIP	WILMINGTON DE
TITLE	VD
NAME	FOLEY, PATRICK
STREET ADDRESS	70 PINE STREET
CITY ST ZIP	NEW YORK NY
TITLE	S
NAME	TUCK, ELIZABETH M.
STREET ADDRESS	70 PINE STREET
CITY ST ZIP	NEW YORK NY
TITLE	TAV
NAME	PHEIL, GLENN
STREET ADDRESS	505 CARR ROAD
CITY ST ZIP	WILMINGTON DE
TITLE	D
NAME	SMITH, HOWARD
STREET ADDRESS	70 PINE STREET
CITY ST ZIP	NEW YORK NY
TITLE	VD
NAME	MATTHEWS, EDWARD E.
STREET ADDRESS	70 PINE STREET
CITY ST ZIP	NEW YORK NY

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Elizabeth M. Tuck*
PRINT OR TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 (212) 710-7000