

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 846846 (4)

1. Corporation Name
AMERICAN INTERNATIONAL INSURANCE COMPANY



Principal Place of Business: 505 CARR ROAD, WILMINGTON DE 19850 US
Mailing Address: 70 PINE STREET, 27TH FLOOR, NEW YORK NY 10270 US

3. Date Incorporated or Qualified: 08/29/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 52-1059519
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
27: Attn: E.M. Tuck

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
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANSEN, J. ERNEST	
STREET ADDRESS	505 CARR ROAD	
CITY- ST- ZIP	WILMINGTON DE	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, PATRICK	
STREET ADDRESS	70 PINE STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH M.	
STREET ADDRESS	70 PINE STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	TAV	<input type="checkbox"/> DELETE
NAME	PHEIL, GLENN	
STREET ADDRESS	505 CARR ROAD	
CITY- ST- ZIP	WILMINGTON DE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, HOWARD	
STREET ADDRESS	70 PINE STREET	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, EDWARD E.	
STREET ADDRESS	70 PINE STREET	
CITY- ST- ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	D, G.C., VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Walsh, David J.
23 STREET ADDRESS	70 Pine Street
24 CITY- ST- ZIP	New York, NY 10270
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	V, C, T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elizabeth M. Tuck* 4-25-96 (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/State/Phone #

CR2E034 (12/95)