

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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
ATTN E M TUCK
NEW YORK NY 10270-0002
US

3. Date Incorporated or Qualified
08/29/1980

3a. Date of Last Report
05/01/1996

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 s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 29 Zip Country
 30

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 **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 _____
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE - Registered Agent signature required when reinstating) 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 | DGCV | <input type="checkbox"/> DELETE |
| NAME | WALSH, DAVID J | |
| 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 | VCT | <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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | D/V Walsh, David J |
| 2.3 STREET ADDRESS | 70 Pine Street |
| 2.4 CITY-ST-ZIP | New York, NY 10270 |
| 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 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: _____ DATE: 4-29-97

CR2E034 (9/96)