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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **818094** (5)  
1. Corporation Name  
**AIG LIFE INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**ONE ALICO PLAZA  
P. O. BOX 667  
WILMINGTON DE 19899**

DO NOT WRITE IN THIS SPACE

|                                |                     |  |  |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 26. Mailing Address | 3. Date Incorporated or Qualified  | 3a. Date of Last Report                                  |
| 21                             | 26                  | 08/05/1964   | 04/27/1994   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number  | Applied For  |
| 22                             | 27                  | 25-1118523   | Not Applicable   |
| City & State                   | City & State        | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                           |
| 23                             | 28                  | <input type="checkbox"/>   | \$5.00 May Be Added to Fees                              |
| Zip                            | Zip                 | 6. Election Campaign Financing Trust Fund Contribution                             | <input type="checkbox"/>                                 |
| 24                             | 29                  | 7. This corporation has liability for attachment under S. 100.032 Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country                        | Country             |  |  |
| 25                             | 30                  |  |  |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent                             | 10. Name and Address of New Registered Agent          |
| <b>INSURANCE COMMISSIONER<br/>STATE OF FLORIDA<br/>TALLAHASSEE FL 33131</b> | B1 Name   |
|   | B2 Street Address (P.O. Box Number is Not Acceptable) |
|   | B3  |
|   | B4 City <b>FL</b> B5 Zip Code                         |

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | PD<br>O'CONNELL, ROBERT JOHN | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 80 PINE STREET               | 1.2 NAME  |   |
| STREET ADDRESS             | NEW YORK NY                  | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VD<br>MATTHEWS, EDWARD E     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 70 PINE STREET               | 2.2 NAME  |   |
| STREET ADDRESS             | NEW YORK NY                  | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VC<br>GUNTUN, HOWARD         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1 ALICO PLAZA, KING ST       | 3.2 NAME  |   |
| STREET ADDRESS             | WILMINGTON DE                | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      | S<br>TUCK, ELIZABETH, M      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 70 PINE STREET               | 4.2 NAME  |   |
| STREET ADDRESS             | NEW YORK NY                  | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VT<br>O'KULICH, NICHOLAS, A  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 70 PINE STREET               | 5.2 NAME  |   |
| STREET ADDRESS             | NEW YORK NY                  | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      | Chairman, Director           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Ernest E. Stempel            | 6.2 NAME  |   |
| STREET ADDRESS             | 70 Pine Street               | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NEW YORK, NY 10070           | 6.4 CITY, ST, ZIP                                     |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the reasons stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information contained 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, 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*  
ELIZABETH M. TUCK - Corp. Secretary  
4-20-95 (212) 770-7000