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**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90076 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **818094**

1. Corporation Name  
**AIG LIFE INSURANCE COMPANY**



Principal Place of Business

Mailing Address

**ONE ALLICO PLAZA  
 P. O. BOX 667  
 WILMINGTON DE 19899**

**70 PINE ST.  
 ATTN E M TUCK  
 NEW YORK NY 10270  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

25

29

30

3. Date Incorporated or Qualified

**08/05/1964**

4. FEI Number

**25-1118523**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 STATE OF FLORIDA  
 TALLAHASSEE FL 33131**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	O'CONNELL, ROBERT JOHN	80 PINE STREET	NEW YORK NY	<input checked="" type="checkbox"/>
VD	MATTHEWS, EDWARD E	70 PINE STREET	NEW YORK NY	<input type="checkbox"/>
VC	GUNTON, HOWARD	1 ALLICO PLAZA, KING ST	WILMINGTON DE	<input type="checkbox"/>
S	TUCK, ELIZABETH, M	70 PINE STREET	NEW YORK NY	<input type="checkbox"/>
VT	O'KULICH, NICHOLAS, A	70 PINE STREET	NEW YORK NY	<input type="checkbox"/>
D	STEMPEL, ERNEST E.	70 PINE ST.	NEW YORK NY	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P.C.E.O., D	WYNDORF, Gerald W.	80 Pine Street	NEW YORK, NY 10005	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

*Elizabeth* SIGNATURE REQUIRED

4/29/99

Date

212.770.7000

Daytime Phone #

CR2E034 (1/198)