


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 818094 1. Entity Name AIG LIFE INSURANCE COMPANY	
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FILED

04 APR 29 AM 9 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE ALICO PLAZA P. O. BOX 667 WILMINGTON, DE 19899	Mailing Address 70 PINE ST. ATTN E M TUCK NEW YORK, NY 10270 US
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2. Principal Place of Business 2929 Allen Parkway Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04262004 Chg-P CR2E034 (10/03)

City & State Houston, TX	City & State
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4. FEI Number 25-1118523	Applied For <input type="checkbox"/> Not Applicable
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Zip 77019	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD MARTIN, RODNEY O JR 2727 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MARTIN, RODNEY O JR	NAME	
STREET ADDRESS	2727 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
TITLE	P HOLLAR, RICHARD A 2727 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HOLLAR, RICHARD A	NAME	
STREET ADDRESS	2727 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
TITLE	S TUCK, ELIZABETH, M 70 PINE STREET NEW YORK, NY <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	TUCK, ELIZABETH, M	NAME	
STREET ADDRESS	70 PINE STREET	STREET ADDRESS	000034719010
CITY-ST-ZIP	NEW YORK, NY	CITY-ST-ZIP	
TITLE	VCD O'KULICH, NICHOLAS, A 70 PINE STREET NEW YORK, NY 10270 <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	O'KULICH, NICHOLAS, A	NAME	
STREET ADDRESS	70 PINE STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10270	CITY-ST-ZIP	
TITLE	T HERBERT, ROBERT F 2727 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HERBERT, ROBERT F	NAME	
STREET ADDRESS	2727 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
TITLE	CD DIETZ, DAVID 2727 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DIETZ, DAVID	NAME	
STREET ADDRESS	2727 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Tuck* 4-26-04 (212) 770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 598287 4320171
AUTHORIZATION :
COST LIMIT : \$ 150.00

Patricia Pizots

ORDER DATE : April 28, 2004
ORDER TIME : 5:26 PM
ORDER NO. : 598287-045
CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: AIG LIFE INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 29 PM 1:10
DIVISION OF CORPORATION