

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

0080934 AB

DOCUMENT # **818094**

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



FILED

03 APR 29 AM 8:43

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**

2. Principal Place of Business  
**2727 Allen Parkway**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Houston, TX**

City & State

Zip  
**77019**

Country  
**US**

Zip  
Country

4. FEI Number **25-1118523**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES **03**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO WYNDORF, GERALD W 80 PINE STREET NEW YORK NY 10005</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MATTHEWS, EDWARD E 70 PINE STREET NEW YORK NY</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TUCK, ELIZABETH, M 70 PINE STREET NEW YORK NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCDT O'KULICH, NICHOLAS, A 70 PINE STREET NEW YORK NY 10270</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC NOTTINGHAM, ROBINSON K 70 PINE ST. NEW YORK NY 10270</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD MATTHEWS, EDWARD E 70 PINE STREET NEW YORK NY 10270</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Martin Jr., Rodney O. 2727 Allen Parkway Houston, TX 77019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Hollar, Richard A. 2727 Allen Parkway Houston, TX 77019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100017349451</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Herbert, Robert F. 2727 Allen Parkway Houston, TX 77019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Diets, David 2727 Allen Parkway Houston, TX 77019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-22-03** Daytime Phone #: **(281) 710-7000**

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 073352 4320171  
AUTHORIZATION : *Patricia Pignato*  
COST LIMIT : \$ 150.00

ORDER DATE : April 29, 2003  
ORDER TIME : 11:20 AM  
ORDER NO. : 073352-055  
CUSTOMER NO: 4320171

CUSTOMER: Ms. Nancy Wong  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

RECEIVED  
03 APR 29 PM 4: 38  
STATE  
DEPARTMENT OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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#1114

EXAMINER'S INITIALS: \_\_\_\_\_