**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

APPROVED AND FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **840839** **(5)**

1. Corporation Name
**AIG CLAIM SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4000 INTERPACE PKWY<br>BUILDING A<br>PARSIPPANY NJ 07050<br>US | 70 PINE STREET<br>27TH FLOOR<br>NEW YORK NY 10270<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1978**
3a. Date of Last Report: **06/03/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **13-2925174** ☐ 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 subsidiaries to engage in the trade under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY**
**1201 HAYS ST.**
**SUITE 105**
**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 **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 _____ DATE
(Signature, typed or printed name, of registered agent and title, if applicable) (If 11, Registered Agent signature required when applicable)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | C | 11 TITLE | P, D | ☐ Change ☒ Addition |
| NAME | SANDLER, ROBERT M. | 12 NAME | Stanton F. Long | |
| STREET ADDRESS | 70 PINE STREET | 13 STREET ADDRESS | 70 Pine Street | |
| CITY ST ZIP | NEW YORK NY | 14 CITY ST ZIP | New York, NY 10270 | |
| TITLE | V | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BIEL,ALEXANDER | 22 NAME | | |
| STREET ADDRESS | 400 INTERPACE PKWY | 23 STREET ADDRESS | | |
| CITY ST ZIP | PARSIPPANY NJ | 24 CITY ST ZIP | | |
| TITLE | T | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | DOOLEY, WILLIAM N | 32 NAME | | |
| STREET ADDRESS | 70 PINE ST | 33 STREET ADDRESS | | |
| CITY ST ZIP | NEW YORK NY | 34 CITY ST ZIP | | |
| TITLE | S | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | TUCK, ELIZABETH M. | 42 NAME | | |
| STREET ADDRESS | 70 PINE ST | 43 STREET ADDRESS | | |
| CITY ST ZIP | NEW YORK NY | 44 CITY ST ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH,HOWARD | 52 NAME | | |
| STREET ADDRESS | 70 PINE ST | 53 STREET ADDRESS | | |
| CITY ST ZIP | NEW YORK NY | 54 CITY ST ZIP | | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | TIZZIO,THOMAS R. | 62 NAME | | |
| STREET ADDRESS | 70 PINE STREET | 63 STREET ADDRESS | | |
| CITY ST ZIP | NEW YORK NY | 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Elizabeth M. Tuck 4-20-95 (212) 770-7060
SIGNATURE (and TYPED or PRINTED NAME of PERSON) OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Elizabeth M. Tuck

0001640 CP