

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

400 INTERPACE PKWY  
BUILDING A  
PARSIPPANY NJ 07050  
US

Mailing Address

70 PINE STREET  
ATTN E M TUCK  
NEW YORK NY 10270-0002  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/13/1978

3a. Date of Last Report

05/01/1996

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

C SANDLER, ROBERT M.  
70 PINE STREET  
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V BIEL, ALEXANDER  
400 INTERPACE PKWY  
PARSIPPANY NJ

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T DOOLEY, WILLIAM N  
70 PINE ST  
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S TUCK, ELIZABETH M.  
70 PINE ST  
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SMITH, HOWARD  
70 PINE ST  
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TIZZIO, THOMAS R.  
70 PINE STREET  
NEW YORK NY

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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.

SIGNATURE

Elizabeth M. Tuck

4/29/97

(20) 770-7000

FILED  
May 06 1997 8:00am  
Secretary of State



CR2E034 (9/96)