

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 840839

1. Entity Name
AIG CLAIM SERVICES, INC.



Principal Place of Business
**400 INTERPACE PRKWY
BUILDING A
PARSIPPANY, NJ 07050 US**

Mailing Address
**70 PINE STREET
ATTN E M TUCK
NEW YORK, NY 10270 US**

FILED
04 APR 29 AM 8 50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2925174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

300034718743

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	C SANDLER, ROBERT M 70 PINE STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AUSTIN, TERRI D 70 PINE STREET NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENSINGER, STEVEN J 70 PINE STREET NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUCK, ELIZABETH M 70 PINE ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, HOWARD 70 PINE ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIZZIO, THOMAS R 175 WATER STREET NEW YORK, NY 10038

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 (212) 770-7000



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 5:24 PM

ORDER NO. : 598287-025

CUSTOMER NO: 4320171

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

ANNUAL REPORT FILING

NAME: AIG CLAIM SERVICES, INC.

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