2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Elizabeth M. Truck Scenatory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED **DOCUMENT #850737** 1. Entity Name AIG CENTENNIAL INSURANCE COMPANY 2008 APR 22 PM 5: 08 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA ONE AIG CENTER **70 PINE STREET** 30TH FLOOR WILMINGTON, DE 19803 115 NEW YORK, NY 10270 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 23-2044095 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO P Directo TITLE PD ☐ Delete TITLE Addition DESANTIS, ANTHONY J NAME NAME ONE AIG CENTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILMINGTON, DE 19803 CITY-ST-ZIP SVP Director Delete Change TITLE TITLE ☐ Addition PORCARI III, JAMES A NAME NAME STREET ADDRESS ONE AIG CENTER STREET ADDRESS u WILMINGTON, DE 19803 CITY-ST-ZIP CITY-ST-ZIP u TITLE Delete Change TITLE ■ Addition TUCK, ELIZABETH M 600125126576 NAME NAME STREET ADDRESS 70 PINE STREET, 30TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10270 CITY-ST-ZIP Delete TITLE T/CFO/Director 1 Addition TITLE Change NAME PFEIL, GLENN A NAME STREET ADDRESS ONE AIG CENTER STREET ADDRESS CITY-ST-ZIP WILMINGTON, DE 19803 CITY-ST-ZIP THILE VD ☐ Delete TITLE SVP GC/Diractor Change ☐ Addition CAIN, ESTA L NAME NAME STREET ADDRESS ONE AIG CENTER STREET ADDRESS CITY-ST-ZIP WILMINGTON, DE 19803 CITY-ST-ZIP Delete Addition TITLE TITLE ssistan Secretary ☐ Change Jamin Chaque grante NAME COLONA, JOHN G NAME STREET ADDRESS ONE AIG CENTER STREET ADDRESS Pine Street 70 WILMINGTON, DE 19803 CITY-ST-ZIP New York M 10270 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

Elisaburk n mo

212-770-7000

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Directors/Officers Report

As of April 09, 2008

AIG Centennial Insurance Company

Directors

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Lucille N. Evans

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ACCOUNT NO. : 072100000032

REFERENCE :

536263

4320171

AUTHORIZATION

Ì50.00 COST LIMIT

ORDER DATE: April 20, 2008

ORDER TIME: 10:0 AM

ORDER NO. : 536263-050

CUSTOMER NO: 4320171

ANNUAL REPORT FILING

NAME:

AIG CENTENNIAL INSURANCE

COMPANY FL 2008 AR

XX _ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS:

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As of April 09, 2008

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