

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 800568	
1. Entity Name AIG PREMIER INSURANCE COMPANY	
Principal Place of Business 508 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 US	Mailing Address 508 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 US



DO NOT WRITE IN THIS SPACE

01112005 No Chg-P GR2E034 (10/03)

4. FEI Number 22-1721971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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, 2005 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	PD HANSEN, JACOB E ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESANTIS, ANTHONY J ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET 30TH FLORR NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFEIL, GLENN A ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAIN, ESTAL ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLONA, JOHN G ONE AIG CENTER WILMINGTON, DE 19803

U00000373760
07/20/05-80006-014 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 667, 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: 7/19/05 302-252-4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #