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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **818094** (5)
1. Corporation Name
AIG LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
**ONE ALICO PLAZA
P. O. BOX 667
WILMINGTON DE 19899**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/05/1964	04/27/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	25-1118523	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	7. This corporation has liability for attachment under S. 100.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL 33131	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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 607.05(3), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD O'CONNELL, ROBERT JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	80 PINE STREET	1.2 NAME	
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	VD MATTHEWS, EDWARD E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 PINE STREET	2.2 NAME	
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	VC GUNTUN, HOWARD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 ALICO PLAZA, KING ST	3.2 NAME	
STREET ADDRESS	WILMINGTON DE	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	S TUCK, ELIZABETH, M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 PINE STREET	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	VT O'KULICH, NICHOLAS, A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 PINE STREET	5.2 NAME	
STREET ADDRESS	NEW YORK NY	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	Chairman, Director	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernest E. Stempel	6.2 NAME	
STREET ADDRESS	70 Pine Street	6.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK, NY 10070	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the reasons stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information contained 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, 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*
ELIZABETH M. TUCK - Corp. Secretary

4-20-95 (212) 770-7000