

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 818094 (5)

1. Corporation Name

AIG LIFE INSURANCE COMPANY

Principal Place of Business

ONE ALICO PLAZA
P. O. BOX 667
WILMINGTON DE 19899

Mailing Address

70 PINE ST.
27TH FIR.
NEW YORK NY 10270
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/05/1964		05/01/1995	
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		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
24		29		Country		Country	
25		30					

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 officer or director who is authorized to sign

DATE Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	O'CONNELL, ROBERT JOHN	1.2 NAME	
STREET ADDRESS	80 PINE STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	
NAME	MATTHEWS, EDWARD E	2.2 NAME	
STREET ADDRESS	70 PINE STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	2.4 CITY- ST- ZIP	
TITLE	VC	3.1 TITLE	
NAME	GUNTON, HOWARD	3.2 NAME	
STREET ADDRESS	1 ALICO PLAZA, KING ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON DE	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	
NAME	TUCK, ELIZABETH, M	4.2 NAME	
STREET ADDRESS	70 PINE STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE	VT	5.1 TITLE	
NAME	O'KULICH, NICHOLAS, A	5.2 NAME	
STREET ADDRESS	70 PINE STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	5.4 CITY- ST- ZIP	
TITLE	CD	6.1 TITLE	
NAME	STEMPEL, ERNEST E.	6.2 NAME	
STREET ADDRESS	70 PINE ST.	6.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

(212) 770-7000

CR2E034 (12/95)