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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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.  
ATTN E M TUCK  
NEW YORK NY 10270-0002  
US



3. Date Incorporated or Qualified

08/05/1964

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

25-1118523

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME O'CONNELL, ROBERT JOHN  
STREET ADDRESS 80 PINE STREET  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VD  
NAME MATTHEWS, EDWARD E  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VC  
NAME GUNTON, HOWARD  
STREET ADDRESS 1 ALICO PLAZA, KING ST  
CITY-ST-ZIP WILMINGTON DE

☐ DELETE

TITLE S  
NAME TUCK, ELIZABETH, M  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VT  
NAME O'KULICH, NICHOLAS, A  
STREET ADDRESS 70 PINE STREET  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE CD  
NAME STEMPEL, ERNEST E.  
STREET ADDRESS 70 PINE ST.  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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*

4/29/97

1212770-70000

CP2E034 (9/96)