## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

\*DOCUMENT # 818094

(5)

AIG LIFE INSURANCE COMPANY

**FILED** May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									. 18818) 18181 11891 18111 88118 18111 8181 818	ili didir bibil Ald		
ONE ALICO PLAZA P. O. BOX 667 WILMINGTON DE 19899			A	70 PINE ST. ATTN E M TUCK NEW YORK NY 10270					DO NOT WRITE IN THIS SPACE			
				US					3. Date Incorporated or Qualified 08/05/1964			
2. Principal Pl	lace of Busin	ness	26.	Mailing Address			·		4. FEI Number	A	pplied For	
21				26					25-1118523 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional	
22				27					5. Certificate of Status Desired	Fee R	equired	
City & State				City & State					Election Campaign Financing	\$5.00	May Be	
23				28					Trust Fund Contribution Added to Fees			
Zip	· · · · · · · · · · · · · · · · · · ·			Zφ	Country				8. This corporation owes or has paid the current year Intangible			
24 25			29	A	30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent							Name	<del></del>	10, Name and Address of New Addisters	Agent		
INSURANCE COMMISSIONER STATE OF FLORIDA						81 Name						
TALLAHASSEE FL 33131							Street	Addres	Address (P.O. Box Number is Not Acceptable)			
יייי	LLY INCOLI	L 1 C 99191				63						
						84	City		FI	_ <b>85</b> Zip	Code	
11. Pursuant (	ions of Sections 60	7.0502 and 6	07.1508, Florida Sta	lutes, the a	bove	e-named	d corpo			its registered		
office or re agent. Lai	egi <b>ste</b> red ag m <b>fa</b> miliar wi	jent, or both, in the lh, and accept the	State of Florid Obligations of	ła. Such ch <b>ange wa</b> . Section 60 <b>7 0</b> 505.	s authorize Florida Sta	ed by	/ the coi	rporatio	n's board of directors. I hereby accept the ap	pointment as	s registered	
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												
							nt signatur	e required	when reinslating) DATE			
12.		OFFICER	S AND DIREC		13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	NELL, ROBERT JO	SUNI	DELETE	1.1 ]					☐ Change	Addition	
NAME		STREET	אחע			IAME					ľ	
STREET ADDRESS	NEW YO				- 1		ADDRESS	ł			1	
CITY-ST-ZIP TITLE	VD	NIK 141		DELETE		ITY-S	T-ZIP	├		Change	Addition	
	1 -	WS, EDWARD E		L. Decene	2.11	-		ŀ		Unange	L. Addition	
NAME STREET ADDRESS		STREET			221		ADDRESS					
CITY-ST-ZIP	NEW YO						ST-ZIP					
TITLE	VC			DELETE	3.1 7	_	31-51r			Change	Addition	
NAME		N, HOWARD			3.2 N							
STREET ADDRESS	1 ALLIC	O PLAZA, KING S	ST .				ADDRESS				İ	
CITY-ST-ZIP	WILMING	STON DE					ST - ZIP					
TITLE	8			DELETE	4.1.1			T		Change	☐ Addition	
NAME		ELIZABETH, M			4.21	NAME					}	
STREET ADDRESS		STREET			4.3 5	TAEET	ADDRESS				į	
CITY-ST-ZIP	NEW YO	ORK NY			4.40	ITY-S	1- <b>Z</b> IP					
TITLE	AL.			DELETE	5.1 T	ITLE				☐ Change	☐ Addition	
NAME		CH, NICHOLAS, A			5.2 N	IAME						
STREET ADDRESS		STREET			5.3 8	TREET	ADDRESS	1				
CITY-ST-ZIP	NEW YO	MY NY		[7] as as		ITY-S	T-21P			NA c		
TITLE	CD	I EDNEST E		DELETE	6.1 T			D		Change	Addition	
NAME	70 PINE	L, ERNEST E.				AME		1				
STREET ADDRESS	NEW YO						ADDRESS					
CITY-ST-ZIP	NEW 10	ווו אווי			6.4 0	ITY-S	T-21P					

14. Thereby certify that the information supplied with this filling 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.