

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 038 ***150.00

DOCUMENT # 818094

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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

08/05/1964

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 owes the current year Intangible
Personal Property Tax. ☐ 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 ☒ DELETE

NAME O'CONNELL, ROBERT JOHN

STREET ADDRESS 80 PINE STREET

CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE

NAME MATTHEWS, EDWARD E

STREET ADDRESS 70 PINE STREET

CITY-ST-ZIP NEW YORK NY

TITLE VC ☐ DELETE

NAME GUNTON, HOWARD

STREET ADDRESS 1 ALICO PLAZA, KING ST

CITY-ST-ZIP WILMINGTON DE

TITLE S ☐ DELETE

NAME TUCK, ELIZABETH, M

STREET ADDRESS 70 PINE STREET

CITY-ST-ZIP NEW YORK NY

TITLE VT ☐ DELETE

NAME O'KULICH, NICHOLAS, A

STREET ADDRESS 70 PINE STREET

CITY-ST-ZIP NEW YORK NY

TITLE D ☒ DELETE

NAME STEMPER, ERNEST E.

STREET ADDRESS 70 PINE ST.

CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PLED, D ☐ Change ☒ Addition

1.2 NAME WYNDORF, Gerald W.

1.3 STREET ADDRESS 80 Pine Street

1.4 CITY-ST-ZIP NEW YORK, NY 10005 ☐ Change ☐ Addition

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 VC DT ☒ Change ☐ Addition

5.2 NAME O'Kulich, Nicholas, A.

5.3 STREET ADDRESS 70 Pine Street

5.4 CITY-ST-ZIP New York, NY 10270 ☐ Change ☒ Addition

6.1 TITLE DC

6.2 NAME Nottingham, Robinson K.

6.3 STREET ADDRESS 70 Pine Street

6.4 CITY-ST-ZIP New York, NY 10270

14. I 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, with all other like empowered.

SIGNATURE:

ELIZABETH TUCK

4/29/99

Date

212.770.7000

Daytime Phone #

CR2E034 (1/198)