

# 2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0618657 AT

DOCUMENT # 818094

1. Entity Name  
AIG LIFE INSURANCE COMPANY

FILED

02 MAY -1 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1118523

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
TALLAHASSEE FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
WYNDORF, GERALD W  
80 PINE STREET  
NEW YORK NY 10005 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
7000005418887--8

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCDT  
O'KULICH, NICHOLAS, A  
70 PINE STREET  
NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
NOTTINGHAM, ROBINSON K  
70 PINE ST.  
NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPD  
MATTHEWS, EDWARD E  
70 PINE STREET  
NEW YORK NY 10270 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (212)770-7000

Date

Daytime Phone #

CR2E034 (9/01)

282



ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizit*

ORDER DATE : April 30, 2002

ORDER TIME : 11:35 AM

ORDER NO. : 556901-065

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon  
American International Group,  
70 Pine Street  
30th Floor  
New York, NY 10270

RECEIVED  
02 MAY - 1 PM 3:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AIG LIFE INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: \_\_\_\_\_