

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90024 039 \*\*\*158.75

**DOCUMENT # 818094**

1. Entity Name  
**AIG LIFE INSURANCE COMPANY**



Principal Place of Business  
**2929 ALLEN PARKWAY  
HOUSTON, TX 77019 US**

Mailing Address  
**2727-A ALLEN PARKWAY  
P.O. BOX 1591  
HOUSTON, TX 77251 US**

40120000



05292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**25-1118523**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
STATE OF FLORIDA  
TALLAHASSEE, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	MARTIN, RODNEY O JR
STREET ADDRESS	2727 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	P
NAME	HOLLAR, RICHARD A
STREET ADDRESS	2727 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	S
NAME	TUCK, ELIZABETH, M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10268
TITLE	CD
NAME	DIETZ, DAVID
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10268
TITLE	T
NAME	HERBERT, ROBERT F
STREET ADDRESS	2727 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	CFO
NAME	FORTIN, MARY JANE B
STREET ADDRESS	2727 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Edward F. Bacon*

Edward F. Bacon

July 6, 2007

713 831-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #