

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

054465

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

05-01-1999 90076 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 840839**  
 1. Corporation Name  
**AIG CLAIM SERVICES, INC.**



Principal Place of Business 400 INTERPACE PRKWAY BUILDING A PARSIPPANY NJ 07050 US	Mailing Address 70 PINE STREET ATTN E M TUCK NEW YORK NY 10270 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>06/13/1978</b>	4. FEI Number <b>13-2925174</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS ST.**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SANDLER, ROBERT M.</b>		1.2 NAME	
STREET ADDRESS <b>70 PINE STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BIEL, ALEXANDER</b>		2.2 NAME <i>Austin, Terri D.</i>	
STREET ADDRESS <b>400 INTERPACE PKWY</b>		2.3 STREET ADDRESS <i>70 Pine Street</i>	
CITY-ST-ZIP <b>PARSIPPANY NJ</b>		2.4 CITY-ST-ZIP <i>NEW YORK, NY 10270</i>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DOOLEY, WILLIAM N</b>		3.2 NAME <i>McFate, Carol A.</i>	
STREET ADDRESS <b>70 PINE ST</b>		3.3 STREET ADDRESS <i>70 Pine Street</i>	
CITY-ST-ZIP <b>NEW YORK NY</b>		3.4 CITY-ST-ZIP <i>NEW YORK, NY 10270</i>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TUCK, ELIZABETH M.</b>		4.2 NAME	
STREET ADDRESS <b>70 PINE ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, HOWARD</b>		5.2 NAME	
STREET ADDRESS <b>70 PINE ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TIZZIO, THOMAS R.</b>		6.2 NAME	
STREET ADDRESS <b>70 PINE STREET</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW YORK NY</b>		6.4 CITY-ST-ZIP	

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 M. Tuck* SIGNATURES REQUIRED *4/29/99* (212) 770-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Elizabeth M. TUCK*

CR2E034 (11/98)