


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840839					
1. Entity Name AIG DOMESTIC CLAIMS, INC.					
Principal Place of Business 400 INTERPACE PRKWY BUILDING A PARSIPPANY, NJ 07050 US			Mailing Address 70 PINE STREET 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 13-2925174	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
600053050026					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, ROBERT M		NAME	Moar, Kristian P.	
STREET ADDRESS	70 PINE STREET		STREET ADDRESS	175 water street	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	New York, NY 10038	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	EVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, TERRI D		NAME	Jacobson, Robert P.	
STREET ADDRESS	70 PINE STREET		STREET ADDRESS	175 water street	
CITY-ST-ZIP	NEW YORK, NY 10270		CITY-ST-ZIP	New York, NY 10038	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSINGER, STEVEN J		NAME		
STREET ADDRESS	70 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10270		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH M		NAME		
STREET ADDRESS	70 PINE ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, HOWARD		NAME	Schader, Charles	
STREET ADDRESS	70 PINE ST		STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	New York, NY 10270	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIZZIO, THOMAS R		NAME		
STREET ADDRESS	175 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Elinor M. Oncl</i>			Date: <i>4/26/05 (212) 770-7000</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 343551 4320171

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:22 AM

ORDER NO. : 343551-030

CUSTOMER NO: 4320171

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

ANNUAL REPORT FILING

NAME: AIG DOMESTIC CLAIMS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: _____

RECEIVED
05 APR 29 PM 1:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA