

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840839

FILED
Apr 29, 2009
Secretary of State

Entity Name: AIG DOMESTIC CLAIMS, INC.

Current Principal Place of Business:

400 INTERPACE PKWY
BUILDING A
PARSIPPANY, NJ 07050 US

New Principal Place of Business:

70 PINE STREET
NEW YORK, NY 10270 US

Current Mailing Address:

70 PINE STREET
ATTN: E M TUCK
NEW YORK, NY 10270 US

New Mailing Address:

70 PINE STREET
ATTN: PATRICK BURKE
NEW YORK, NY 10270 US

FEI Number: 13-2925174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOOR, KRISTIAN P
Address: 400 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07050 US

Title: PD () Delete
Name: SCHADER, CHARLES R
Address: 400 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07050 US

Title: DVT () Delete
Name: SCHIMEK, ROBERT S
Address: 400 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07050 US

Title: EVP () Delete
Name: ILER, STEVEN A
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270 US

Title: EVP () Delete
Name: STAUFFER, KENT
Address: 80 PINE STREET
City-St-Zip: NEW YORK, NY 10005

Title: V () Delete
Name: HARKINS, KENNETH V
Address: 400 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07050 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R SCHADER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date