2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 20, 2005 08:00 AM Secretary of State **DOCUMENT #850737** 1. Entity Name AIG CENTENNIAL INSURANCE COMPANY Principal Place of Business Mailing Address **508 VIRGINIA AVE 508 VIRGINIA AVE** FT WASHINGTON, PA 19034 FT WASHINGTON, PA 19034 US CR2E034 (10/03) 01112005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 23-2044095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER DO NOT WRITE P O BOX 6200 (32314-6200) 200 E. GAINES ST IN THIS SPACE TALLAHASSEE, FL 32399-0000 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ΡŊ TITLE HANSEN, JACOB E NAME STREET ADDRESS ONE AIG CENTER CITY-ST-ZIP WILMINGTON, DE 19803 H00000373761 VD TITLE 07/20/05-80006-015 550.00 DESANTIS, ANTHONY J NAME STREET ADDRESS ONE AIG CENTER CITY-ST-ZIP WILMINGTON, DE 19803 TITLE TUCK, ELIZABETH M NAME STREET ADDRESS 70 PINE STREET, 30TH FLOOR DO NOT WRITE CITY-ST-ZIP NEW YORK, NY 10270 IN THIS SPACE TITLE TD PFEIL, GLENN A MAKE STREET ADDRESS ONE AIG CENTER

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accordance 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 of 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 the empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

VD

CAIN, ESTA L

ONE AIG CENTER

COLONA, JOHN G

ONE AIG CENTER

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS WILMINGTON, DE 19803

WILMINGTON, DE 19803

WILMINGTON, DE 19803

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FILED