2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850737

Entity Name: AIG CENTENNIAL INSURANCE COMPANY

FILED Apr 29, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
ONE AIG CENTER WILMINGTON, DE 19803 US					VALLEY ROAD ON, DE 19803	US
Current Mailing Address:				New Mailing Address:		
70 PINE STREET 30TH FLOOR NEW YORK, NY 10270		US		3 BEAVER VALLE ROAD WILMINGTON, DE 19803		US
FEI Number: 23-2044095		FEI Number Applied For () FEI Numb		nber Not Applicable () Cer		ertificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New F						Registered Agent:
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	ss: ONE AIG CENTER			Title: Name: Address: City-St-Zip:		ange()Addition
Title: Name: Address: City-St-Zip:	SVPD () E PORCARI III, JAN ONE AIG CENTE WILMINGTON, D	R		Title: Name: Address: City-St-Zip:	() Ch	ange()Addition
Title: Name: Address: City-St-Zip:	S ()E TUCK, ELIZABET 70 PINE STREET NEW YORK, NY	, 30TH FLOOR		Title: Name: Address: City-St-Zip:	S (X) Ch CAIN, ESTA L 70 PINE STREET, S NEW YORK, NY 10	
Title: Name: Address: City-St-Zip:	TCFO () E PFEIL, GLENN A ONE AIG CENTE WILMINGTON, D	R		Title: Name: Address: City-St-Zip:	() Cha	ange()Addition
Title: Name: Address: City-St-Zip:	SVPD () E CAIN, ESTA L ONE AIG CENTE WILMINGTON, D			Title: Name: Address: City-St-Zip:	() Ch	ange()Addition
Title: Name: Address: City-St-Zip:	AS () E CINQUEGRANA, 70 PINE STREET NEW YORK, NY	•		Title: Name: Address: City-St-Zip:	AS (X) Ch PEZZUTO, KIMBER 70 PINE STREET NEW YORK, NY 10	

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: ESTA L. CAIN S 04/29/2009