


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005070
 1. Entity Name
AIG INDEMNITY INSURANCE COMPANY



Principal Place of Business Mailing Address
508 VIRGINIA DRIVE **508 VIRGINIA DRIVE**
FT WASHINGTON, PA 19034 **FT WASHINGTON, PA 19034**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
13-1967524 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, JACOB E ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESANTIS, ANTHONY J ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET, 30TH FLOOR NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFEIL, GLENN A ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAIN, ESTA L ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLONA, JOHN G ONE AIG CENTER WILMINGTON, DE 19803

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000000137524
 07/20/05-00000-012 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ Date: **7/19/05** Daytime Phone #: **302-252-4959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR