## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000005070

Entity Name: AIG INDEMNITY INSURANCE COMPANY

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
ONE AIG C WILMINGTO	ENTER ON, DE 19803	US			VALLEY ROAD ON, DE 19803			
Current Mailing Address:				New Mailing Address:				
70 PINE ST 30TH FLOC NEW YORK		US			VALLEY ROAD ON, DE 19803			
FEI Number:	13-1967524	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate	of Status Desired ( )	
Name and Address of Current Registered Agent: Na					Name and Address of New 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.								
SIGNATUR		Oi and the of Decistered Asset					-1-	
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).						ט	ate	
		``		ADDITION	CICHANGES T	- OFF	SEDE AND DIDECTORS	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD ( ) D DESANTIS, ANTH ONE AIG CENTER WILMINGTON, DE	₹		Title: Name: Address: City-St-Zip:	()(	Change ( )	Addition	
Title: Name: Address: City-St-Zip:	VD () D PORCARI III, JAM ONE AIG CENTER WILMINGTON, DR	₹		Title: Name: Address: City-St-Zip:	()(	Change ( )	Addition	
Title: Name: Address: City-St-Zip:	S () D TUCK, ELIZABET 70 PINE STREET NEW YORK, NY	, 30TH FLOOR		Title: Name: Address: City-St-Zip:	S (X) C CAIN, ESTA L 70 PINE STREET NEW YORK, NY			
Title: Name: Address: City-St-Zip:	TD () D PFEIL, GLENN A ONE AIG CENTER WILMINGTON, DR			Title: Name: Address: City-St-Zip:	()(	Change ( )	Addition	
Title: Name: Address: City-St-Zip:	VD () D CAIN, ESTA L ONE AIG CENTER WILMINGTON, DR			Title: Name: Address: City-St-Zip:	()(	Change ( )	Addition	
Title: Name: Address: City-St-Zip:	VP () D TOMICH, ANTHON 6301 OWENSMO WOODLAND HILL	UTH AVENUE		Title: Name: Address: City-St-Zip:	()(	Change ( )	Addition	

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