

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000888 (4)**

1. Corporation Name  
**AIG INSURANCE SERVICES, INC.**

Principal Place of Business

**70 PINE STREET  
NEW YORK NY 10270**

Mailing Address

**70 PINE STREET  
NEW YORK NY 10270**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/19/1997**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**13-3892971**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CD  
SANDLER, ROBERT M  
70 PINE STREET, 21ST FL  
NEW YORK NY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
LONG, STANTON F  
70 PINE STREET, 21ST FL  
NEW YORK NY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
GALIOTO, ANTHONY J  
70 PINE STREET, 21ST FL  
NEW YORK NY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
DOOLEY, WILLIAM N  
70 PINE STREET, 20TH FL  
NEW YORK NY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
TUCK, ELIZABETH M  
70 PINE STREET, 30TH FL  
NEW YORK NY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
HUPP, DAVID M  
70 PINE STREET,  
NEW YORK NY**

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**PD  
Galioto, Anthony  
70 Pine Street  
New York, NY 10270**

**D  
M.R. Greenberg  
70 Pine Street  
New York, NY 10270**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address.

CP2E034 (10/97)