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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90076 037 ***150.00

OCUMENT # F9700000888

AIG INSURANCE SERVICES, INC.

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Cipal Place of Business		Mailing Address				- 1 1002100 tilå iditi ladil adili editi delili dalili onizi dotor laidi idibi init io		
NE STREET 70 PINE STREET YORK NY 10270 NEW YORK NY 10270					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	\neg	
						02/19/1997	ſ	
rincipal Place of Busine	\$S	2a. Mailing Address Afr	. E	m.	TUCK		$\overline{}$	
		26 70 PINE S	tre	er		13-3892971 Not Applicat	ile	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 30 70 F10				5. Certificate of Status Desired		
City & State		City & State 28 NEW YOR		\cap	y	6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Cip 2	Country 5	zip 10270 [31	Coun	try		8. This corporation owes the current year intangible Personal Property Tax.		
9. Name a	nd Address of Current	Registered Agent				10. Name and Address of New Registered Agent	1	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					ame		_	
			}	82 St	reet Addres	ess (P.O. Box Number is Not Acceptable)	ļ	
			}	83				
				84 Ci	ty	FL 85 Zip Code		
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.								
NATURE	Trining from a free lateral accord accord a	and title if explicable (NOTE: Pe	voietonad 4	nnie tran	atura naguinad s	when reinstating) DATE	j	
			13.	gant aign	atora reduind r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
0111021011110			1.1 T/TL	 E		☐ Change ☐ Add		
		1.2 NAA		ł		ł		
				EET ADD	RESS		į	
The state of the s			l	CE 710			ļ	

IGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature n	equired when reinstating) D.	ATE	}
Ž.	OFFICERS AND DIRECTORS	7	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
LE	CD	DELETE	1.1 TITLE		Change	☐ Addition
ME	SANDLER, ROBERT M		1.2 NAME			Į
REET ADDRESS	70 PINE STREET, 21ST FL		1.3 STREET ADDRESS			}
ry-st-zip	NEW YORK NY		1.4 CITY-ST-ZIP			
1.E	PD	☐ DELETE	2.1 TITLE		Change	Addition
ME	GALIOTO, ANTHONY J		2.2 NAME			}
REET ADDRESS	70 PINE STREET, 21ST FL		2.3 STREET ADDRESS			}
ry-st-zip	NEW YORK NY		2.4 CITY-ST-ZIP	<u> </u>		
TLE	T	⊠ DELETE	3.1 TITLE	T	☐ Change	X Addition
WE	DOOLEY, WILLIAM N		3.2 NAME	MC Fate, Carol A. 70 Pine Street		}
REET ADDRESS	70 PINE STREET, 20TH FL		3.3 STREET ADDRESS	70 Pine Street		}
ry-ST-ZIP	NEW YORK NY		3.4. CITY+ST-ZIP	New YORK, NY 10270		
ILE I	S	DELETE	4.1 TITLE		Change	Addition (
ME	TUCK, ELIZABETH M		4. 2 NAME)
REET ADDRESS	70 PINE STREET, 30TH FL		4.3 STREET ADDRESS			{
ry-st-zip	NEW YORK NY		4.4 CITY-ST-ZIP			
Œ,	D	DELETE	5.1 TTILE		☐ Change	Addition
ME	GREENBERG, M R		5.2 NAME			į
REET ADDRESS	70 PINE ST		5,3 STREET ADDRESS			
ry-St-Zip	NEW YORK NY		5.4 CITY-ST-ZIP			
Œ		☐ DELETE	6.1 TITLE	VG	Change	Addition
ME }			6.2 NAME	AUSTIN, TERRI D. 70 PINE STREET NEW YORK NY 10271		
REET ADDRESS			6.3 STREET ADDRESS	70 Pine Street		}
V-ST-7IP			6.4 CiTY-ST-ZIP	LEWY VIRK NY 10270)	

4. 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, with all other like empowered.

SIGNATURE: Linglice

212.700.7000