



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |  |  |   |   |  |  |  |  |
|---|---|--|--|---|---|--|--|--|--|
| <b>DOCUMENT # F97000000888</b><br>1. Entity Name<br><b>AIG INSURANCE SERVICES, INC.</b>   |   |  |  |    |   | <b>FILED</b><br><b>04 APR 29 AM 9:01</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |  |  |
| Principal Place of Business<br><b>6464 SAVOY DRIVE., STE 200</b><br><b>HOUSTON, TX 77036</b>  |   |  |  | Mailing Address<br><b>ATTN: E. M. TUCK</b><br><b>70 PINE STREET, 30TH FLR</b><br><b>NEW YORK, NY 10270</b>                                  |   |  |  |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address                         |  | 04262004 Chg-P CR2E034 (10/03)  |   |                    |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                        |  | 4. FEI Number<br><b>13-3892971</b>  |   |  |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| City & State  |   | City & State                               |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  |  |  |
| Zip   |   | Country                                    |  | Zip   |   |  |  | Country  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>CORPORATION SERVICE COMPANY</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE, FL 32301-2525</b>  |   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |  |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                         |   |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>SANDLER, ROBERT M<br>70 PINE STREET, 21ST FL<br>NEW YORK, NY  | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>moor, kristian P.<br>175 water street<br>New York, NY 10270<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GALIOTO, ANTHONY J<br>70 PINE STREET, 21ST FL<br>NEW YORK, NY | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>schader, Charles R.<br>70 Pine Street<br>New York, NY 10270<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>BENSINGER, STEVEN J<br>70 PINE STREET<br>NEW YORK, NY 10270    | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>TUCK, ELIZABETH M<br>70 PINE STREET, 30TH FL<br>NEW YORK, NY   | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 200034718912<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SMITH, HOWARD I<br>70 PINE ST<br>NEW YORK, NY                  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VG<br>AUSTIN, TERRI D<br>70 PINE STREET<br>NEW YORK, NY 10270       | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |   |   |  |  |  |  |
| <b>SIGNATURE:</b> <i>E. M. Tuck</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |  | 4-27-04 (212) 770-7000<br>Date Daytime Phone #  |   |  |  |  |  |



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 5:26 PM

ORDER NO. : 598287-040

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

ANNUAL REPORT FILING

NAME: AIG INSURANCE SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 APR 29 PM 1:10  
DIVISION OF CORPORATION