



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 598287 4320171
AUTHORIZATION : Patricia Pizots
COST LIMIT : \$ 50.00

ORDER DATE : April 28, 2004
ORDER TIME : 10:16 AM
ORDER NO. : 598287-135
CUSTOMER NO: 4320171
CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

RECEIVED
04 APR 29 PM 1:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CHAMBER INSURANCE AGENCY
SERVICES, LLC

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:

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 PM 1:01
2004034721533

DOCUMENT # M00000001720 1. Entity Name CHAMBER INSURANCE AGENCY SERVICES, LLC	
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Principal Place of Business 501 CARR ROAD WILMINGTON, DE 19809	Mailing Address 70 PINE ST. ATTN: BERNADETTE COLON NEW YORK, NY 10270
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2. Principal Place of Business 1700 Market Street Suite, Apt. #, etc. suite 2000	3. Mailing Address Suite, Apt. #, etc.
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City & State Philadelphia, PA	City & State		
Zip 19103	Country USA	Zip	Country



04262004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	MGRM AIG CVJ, INC.	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	70 PINE STREET NEW YORK, NY 10270			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	MGR SHERLOCK, JOHN B	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	501 CARR ROAD WILMINGTON, DE 19809			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	V CONFALONE, JOHN	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	501 CARR ROAD WILMINGTON, DE 19809			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	V RIVERA, LORETTA	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	501 CARR ROAD WILMINGTON, DE 19809			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	S TUCK, ELIZABETH M	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	70 PINE STREET NEW YORK, NY 10038			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	TD JACOBSON, ROBERT	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	175 WATER STREET NEW YORK, NY 10038			STREET ADDRESS CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Elizabeth M. Tuck* 4-26-04 (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Secretary of AIG CVJ, Inc., -50% member