## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M00000001720**

1. Entity Name

CHAMBER INSURANCE AGENCY SERVICES, LLC



Principal Place of Business

1700 MARKET ST., SUITE 2000 PHILADELPHIA, PA 19103 Mailing Address

70 PINE ST. ATTN: BERNADETTE COLON NEW YORK, NY 10270



04252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 22-3746022

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algorature required when reinstating)	DATE
Filling Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AIG CVJ, INC. 70 PINE STREET NEW YORK, NY 10270	300053	041233
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SE	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information			

ACCOUNT NO. : 072100000032

REFERENCE :

343551

4320171

AUTHORIZATION

COST LIMIT

ORDER DATE: April 28, 2005

ORDER TIME : 10:39 AM

ORDER NO. : 343551-115

CUSTOMER NO:

4320171

CUSTOMER: Bernadette Colon

American International Group, 30th Floor, 70 Pine Street

- Corporate

New York, NY 10270

## ANNUAL REPORT FILING

NAME:

CHAMBER INSURANCE AGENCY

SERVICES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: