

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042511

FILED
Apr 22, 2004
Secretary of State

Entity Name: AIG TERM INSURANCE, INC.

Current Principal Place of Business:

4873 HUNTLEIGH DR
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

PO BOX 20007
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 27-0056526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFARLAND, CHARLES L
4873 HUNTLEIGH DR
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCFARLAND, CHARLES L
Address: 4873 HUNTLEIGH DR
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: VEALEY, HAROLD D
Address: 4873 HUNTLEIGH DR
City-St-Zip: SARASOTA, FL 34233

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCFARLAND, CHARLES L
Address: 4873 HUNTLEIGH DR
City-St-Zip: SARASOTA, FL 34233

Title: VP (X) Change () Addition
Name: MCFARLAND, RENA M
Address: 4873 HUNTLEIGH DR
City-St-Zip: SARASOTA, FL 34233

Title: D () Change (X) Addition
Name: BRIAN, MCFARLAND
Address: PO BOX 20007
City-St-Zip: SARASOTA, FL 34276

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L MCFARLAND

P

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date