


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90068 004 \*\*\*150.00

<b>DOCUMENT # P15310</b>	
1. Entity Name <b>AIG PREFERRED INSURANCE COMPANY</b>	

Principal Place of Business <b>500 VIRGINIA DRIVE FT WASHINGTON, PA 19034 US</b>	Mailing Address <b>500 VIRGINIA DRIVE FT WASHINGTON, PA 19034 US</b>
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2. Principal Place of Business <b>508 Virginia Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>508 Virginia Drive</b> Suite, Apt. #, etc.
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City & State <b>Fort Washington, PA</b>	City & State <b>Fort Washington, PA</b>
Zip <b>19034</b>	Zip <b>19034</b>
Country <b>USA</b>	Country <b>USA</b>



02252004 Chg-P CR2E034 (10/03)

4. FEI Number <b>95-2743473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PRIZZIA, GARY T</b>		NAME <b>Jacob E. Hansen</b>	
STREET ADDRESS <b>6604 WEST BROAD STREET</b>		STREET ADDRESS <b>One AIG Center</b>	
CITY-ST-ZIP <b>RICHMOND, VA 23230</b>		CITY-ST-ZIP <b>Wilmington, DE 19803</b>	
TITLE <b>VS</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOPPA, GLENN L</b>		NAME <b>Anthony J. DeSantis</b>	
STREET ADDRESS <b>500 VIRGINIA DRIVE</b>		STREET ADDRESS <b>One AIG Center</b>	
CITY-ST-ZIP <b>FORT WASHINGTON, PA 19034</b>		CITY-ST-ZIP <b>Wilmington, DE 19803</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DUFFY, BRIAN</b>		NAME <b>Elizabeth M. Tuck</b>	
STREET ADDRESS <b>500 VIRGINIA DRIVE</b>		STREET ADDRESS <b>70 Pine Street, 30th Floor</b>	
CITY-ST-ZIP <b>FT WASHINGTON, PA 19034</b>		CITY-ST-ZIP <b>New York, NY 10270</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RANDALL, STEPHEN</b>		NAME <b>Glenn A. Pfeil</b>	
STREET ADDRESS <b>500 VIRGINIA DRIVE</b>		STREET ADDRESS <b>One AIG Center</b>	
CITY-ST-ZIP <b>FT WASHINGTON, PA 19034</b>		CITY-ST-ZIP <b>Wilmington, DE 19803</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOLBRAMSKY, DEBORAH</b>		NAME <b>Esta L. Cain</b>	
STREET ADDRESS <b>500 VIRGINIA DRIVE</b>		STREET ADDRESS <b>One AIG Center</b>	
CITY-ST-ZIP <b>FT WASHINGTON, PA 19034</b>		CITY-ST-ZIP <b>Wilmington, DE 19803</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BEREKET-AB, NATNAEL</b>		NAME <b>John G. Colona</b>	
STREET ADDRESS <b>500 VIRGINIA DRIVE</b>		STREET ADDRESS <b>One AIG Center</b>	
CITY-ST-ZIP <b>FT WASHINGTON, PA 19034</b>		CITY-ST-ZIP <b>Wilmington, DE 19803</b>	

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.

SIGNATURE: J. E. Hansen Date: 4/23/04 Daytime Phone #: 800-245-2425

Jacob E. Hansen, President and Chief Executive Officer

Attachment

# P15310

**AIG PREFERRED INSURANCE COMPANY**

**Attachment to State of Florida 2004 For Profit Corporation Annual Report**

<b>11. Names and Addresses of Each Officer and/or Director</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
V/D	William D. Loucks, Jr.	One AIG Center	Wilmington, DE 19803
V	Donald W. Procopio	4501 North Point Parkway	Alpharetta, GA 30022
V	Douglas L. Beck	One AIG Center	Wilmington, DE 19803
D	Robert M. Sandler	70 Pine Street, 30th Floor	New York, NY 10270
D	Howard I. Smith	70 Pine Street, 17th Floor	New York, NY 10270