


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P15310
 1. Entity Name
AIG PREFERRED INSURANCE COMPANY



Principal Place of Business Mailing Address
 508 VIRGINIA DR. 508 VIRGINIA DR.
 FT WASHINGTON, PA 19034 US FT WASHINGTON, PA 19034 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2743473 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANSEN, JACOB E
STREET ADDRESS	ONE AIG CENTER
CITY-ST-ZIP	WILMINGTON, DE 19803
TITLE	VD
NAME	DESANTIS, ANTHONY J
STREET ADDRESS	ONE AIG CENTER
CITY-ST-ZIP	WILMINGTON, DE 19803
TITLE	S
NAME	TUCK, ELIZABETH M
STREET ADDRESS	70 PINE ST., 30TH FLR.
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	TD
NAME	PFEIL, GLENN A
STREET ADDRESS	ONE AIG CENTER
CITY-ST-ZIP	WILMINGTON, DE 19803
TITLE	VD
NAME	CAIN, ESTAL
STREET ADDRESS	ONE AIG CENTER
CITY-ST-ZIP	WILMINGTON, DE 19803
TITLE	V
NAME	COLONA, JOHN G
STREET ADDRESS	ONE AIG CENTER
CITY-ST-ZIP	WILMINGTON, DE 19803

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 07/20/05-80006-013 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 7/19/05 302-252-4459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #