

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P32624**

1. Entity Name

**AMERICAN INTERNATIONAL INSURANCE COMPANY OF DELAWARE**

Principal Place of Business

**505 CARR ROAD  
WILMINGTON DE 19850  
US**

Mailing Address

**70 PINE STREET  
ATTN E M TUCK  
NEW YORK NY 10270  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3551577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HANSEN, J. ERNEST**  
STREET ADDRESS **505 CARR RD**  
CITY-ST-ZIP **WILMINGTON DE**

TITLE **D** ☐ Delete  
NAME **MATTHEWS, EDWARD W.**  
STREET ADDRESS **70 PINE ST**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **V** ☐ Delete  
NAME **PFEIL, GLENN A**  
STREET ADDRESS **505 CARR RD.**  
CITY-ST-ZIP **WILMINGTON DE 19809**

TITLE **D** ☐ Delete  
NAME **GREENBERG, M.R.**  
STREET ADDRESS **70 PINE ST.**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☐ Delete  
NAME **TUCK, ELIZABETH M**  
STREET ADDRESS **70 PINE ST**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **TC** ☐ Delete  
NAME **MCNEELY, MICHAEL D**  
STREET ADDRESS **505 CARR ROAD**  
CITY-ST-ZIP **WILMINGTON DE 19809**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-02 (20) 770-7000**

**FILED**  
**02 MAY -1 PM 4:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



2al2

ACCOUNT NO. : 072100000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizub*

ORDER DATE : April 30, 2002

ORDER TIME : 11:43 AM

ORDER NO. : 556901-120

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon  
American International Group,  
70 Pine Street  
30th Floor  
New York, NY 10270

RECEIVED  
02 MAY - 1 PM 3:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMERICAN INTERNATIONAL  
INSURANCE COMPANY OF DELAWARE

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: \_\_\_\_\_