


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P32624</b> 1. Entity Name <b>AMERICAN INTERNATIONAL INSURANCE COMPANY OF DELAWARE</b>						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">APR 29 AM 10:33</div> <div style="font-size: 1.1em; font-weight: bold;">04400034738464</div> <div style="font-size: 0.7em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>3 BREAYER VALLEY ROAD WILMINGTON, DE 19803 US</b>				Mailing Address <b>70 PINE STREET ATTN E M TUCK NEW YORK, NY 10270 US</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>THE FLORIDA INSURANCE COMMISSIONER CAPITOL TALLAHASSEE, FL 32399-0300</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANSEN, J. ERNEST			NAME			
STREET ADDRESS	3 BEAVER VALLEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON, DE 19803			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTHEWS, EDWARD W.			NAME			
STREET ADDRESS	70 PINE ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PFEIL, GLENN A			NAME			
STREET ADDRESS	3 BREAYER VALLEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON, DE 19803			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENBERG, M.R.			NAME			
STREET ADDRESS	70 PINE ST.			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCK, ELIZABETH M			NAME			
STREET ADDRESS	70 PINE ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	VG <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAIN, ESTA D			NAME			
STREET ADDRESS	3 BREAYER VALLEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON, DE 19803			CITY-ST-ZIP			
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.							
<b>SIGNATURE:</b> <i>Elizabeth M. Tuck</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-26-04 (212) 770-7000 Date Daytime Phone #			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

*Patricia Kyzar*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 10:20 AM

ORDER NO. : 598287-190

CUSTOMER NO: 4320171

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

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: Sara Lea - Ext. 2914

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

RECEIVED  
04 APR 29 PM 1:11  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA