

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 034 ***150.00

DOCUMENT # P96000066353

Corporation Name
AIG WARRANTYGUARD AGENCY, INC.

Principal Place of Business
PINE STREET
NEW YORK NY 10270

Mailing Address
70 PINE STREET
30TH FLOOR
NEW YORK NY 10270



DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/05/1996
City & State	City & State	4. FEI Number
Zip	Zip	13-3921628
Country	Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
PD RUPLEY, T J 110 WILLIAM ST NEW YORK NY 10038	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
V FABEL, MERRITT W 70 PINE STREET NEW YORK NY 10270	<input type="checkbox"/> DELETE	1.2 NAME			
DCOO VIVORI, MARC D 70 PINE STREET NEW YORK NY 10270	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS			
S TUCK, ELIZABETH M 70 PINE STREET NEW YORK NY 10270	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
TD CASTELLI, MICHAEL J 99 JOHN STREET NEW YORK NY 10038	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D GOLODNER, LAWRENCE S 70 PINE STREET NEW YORK NY 10270	<input type="checkbox"/> DELETE	2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
		5.2 NAME			
		5.3 STREET ADDRESS	175 Water Street		
		5.4 CITY-ST-ZIP	New York, NY 10038		
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		6.2 NAME			
		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth M. Tuck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

212.770-7000
Daytime Phone #

CR2E034 (11/98)