

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846846

FILED  
May 01, 2009  
Secretary of State

Entity Name: AMERICAN INTERNATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

3 BEAVER VALLEY RD  
ONE AIG CENTER  
WILMINGTON, DE 19803 US

**New Principal Place of Business:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803 US

**Current Mailing Address:**

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

**New Mailing Address:**

3 BEAVER VALLEY ROAD  
WILMINGTON, DE 19803 US

FEI Number: 13-3333609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: DESANTIS, ANTHONY J  
Address: 3 BEAVER VALLEY RD.  
City-St-Zip: WILMINGTON, DE 19803

Title: CFOD ( ) Delete  
Name: PFEIL, GLENN A  
Address: 3 BEAVER VALLEY RD.  
City-St-Zip: WILMINGTON, DE 19803

Title: SVP ( ) Delete  
Name: CAIN, ESTA L  
Address: 3 BEAVER VALLEY RD.  
City-St-Zip: WILMINGTON, DE 19803

Title: SVP (X) Delete  
Name: LEW, ALLEN  
Address: 6301 OWENSMOUTH RD., 11TH FLOOR  
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: SVP ( ) Delete  
Name: LOUCKS, WILLIAM D JR.  
Address: 3 BEAVER VALLEY RD.  
City-St-Zip: WILMINGTON, DE 19803

Title: S ( ) Delete  
Name: TUCK, ELIZABETH M  
Address: 3 BEAVER VALLEY RD.  
City-St-Zip: WILMINGTON, DE 19803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CAIN, ESTA L  
Address: 3 BEAVER VALLEY RD.  
City-St-Zip: WILMINGTON, DE 19803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTA L. CAIN

S

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date