


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

0669366
AB

DOCUMENT # 846846

1. Entity Name
AMERICAN INTERNATIONAL INSURANCE COMPANY



FILED
03 APR 29 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES **OS**

6. Name and Address of Current Registered Agent
**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, J. ERNEST 505 CARR ROAD WILMINGTON DE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M. 70 PINE STREET NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHEIL, GLENN 505 CARR ROAD WILMINGTON DE 19809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HOWARD 70 PINE STREET NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTHEWS, EDWARD E. 70 PINE STREET NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PHEIL, GLENN 505 CARR ROAD WILMINGTON DE 19809 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Beaver Valley Road Wilmington, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Beaver Valley Road Wilmington, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700017349647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Beaver Valley Road Wilmington, DE 19803

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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.

SIGNATURE: Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 (212) 770-7000
Date Daytime Phone #

CR2E034 (10/02)

2/2



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
 REFERENCE : 073352 4320171
 AUTHORIZATION : *Patricia Pigato*
 COST LIMIT : \$ 150.00

ORDER DATE : April 29, 2003
 ORDER TIME : 11:20 AM
 ORDER NO. : 073352-110
 CUSTOMER NO: 4320171
 CUSTOMER: Ms. Nancy Wong
 American International Group,
 30th Floor, 70 Pine Street
 - Corporate
 New York, NY 10270

RECEIVED
 03 APR 29 PM 4:38
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMERICAN INTERNATIONAL INSURANCE COMPANY

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#1114

EXAMINER'S INITIALS: _____