


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90068 005 ***150.00

DOCUMENT # F93000005070
 1. Entity Name
AIG INDEMNITY INSURANCE COMPANY



Principal Place of Business
**500 VIRGINIA DRIVE
 FT WASHINGTON, PA 19034**

Mailing Address
**500 VIRGINIA DRIVE
 FT WASHINGTON, PA 19034**

J4067846



2. Principal Place of Business
508 Virginia Drive
 Suite, Apt. #, etc.

3. Mailing Address
508 Virginia Drive
 Suite, Apt. #, etc.

02252004 Chg-P CR2E034 (10/03)

City & State
Fort Washington, PA

City & State
Fort Washington, PA

Zip
19034 Country **USA**

Zip
19034 Country **USA**

4. FEI Number
13-1967524

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIZZIA, GARY T 6604 W BROAD ST RICHMOND, VA 23230 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Jacob E. Hansen One AIG Center Wilmington, DE 19803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOPPA, GLENN L 4850 STREET RD TREYOSE, PA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Anthony J. DeSantis One AIG Center Wilmington, DE 19803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFFY, BRIAN 500 VIRGINIA DRIVE FT WASHINGTON, PA 19034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Elizabeth M. Tuck 70 Pine Street, 30th Floor New York, NY 10270 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANDALL, STEPHEN 500 VIRGINIA DRIVE FT WASHINGTON, PA 19034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Glenn A. Pfeil One AIG Center Wilmington, DE 19803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLBRAMSKY, DEBORAH 500 VIRGINIA DRIVE FT WASHINGTON, PA 19034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Esta L. Cain One AIG Center Wilmington, DE 19803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEREKET-AB, NATNAEL 500 VIRGINIA DRIVE FT WASHINGTON, PA 19034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John G. Colona One AIG Center Wilmington, DE 19803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Jacob E. Hansen **4/23/04** **800-245-2425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jacob E. Hansen, President and Chief Executive Officer

Attachment

AIG INDEMNITY INSURANCE COMPANY

F9300005070

Attachment to State of Florida 2004 For Profit Corporation Annual Report

11. Names and Addresses of Each Officer and/or Director			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V/D	William D. Loucks, Jr.	One AIG Center	Wilmington, DE 19803
V	Donald W. Procopio	4501 North Point Parkway	Alpharetta, GA 30022
V	Douglas L. Beck	One AIG Center	Wilmington, DE 19803
D	Robert M. Sandler	70 Pine Street, 30th Floor	New York, NY 10270
D	Howard I. Smith	70 Pine Street, 17th Floor	New York, NY 10270