


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000005070**  
1. Entity Name  
**AIG INDEMNITY INSURANCE COMPANY**



Principal Place of Business      Mailing Address  
**508 VIRGINIA DRIVE**      **508 VIRGINIA DRIVE**  
**FT WASHINGTON, PA 19034**      **FT WASHINGTON, PA 19034**

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**13-1967524**       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**

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, JACOB E ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESANTIS, ANTHONY J ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET, 30TH FLOOR NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFEIL, GLENN A ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAIN, ESTA L ONE AIG CENTER WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLONA, JOHN G ONE AIG CENTER WILMINGTON, DE 19803

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000000137524  
07/20/05-00000-012 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** \_\_\_\_\_ **7/19/05** **302-252-4959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #