

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005070

FILED
May 17, 2006
Secretary of State

Entity Name: AIG INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

508 VIRGINIA DRIVE
FT WASHINGTON, PA 19034

New Principal Place of Business:

3 BEAVER VALLEY RD
WILMINGTON, DE 19803 US

Current Mailing Address:

508 VIRGINIA DRIVE
FT WASHINGTON, PA 19034

New Mailing Address:

70 PINE STREET
30TH FLOOR
NEW YORK, NY 10270 US

FEI Number: 13-1967524

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 323990000 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: PD () Delete
Name: HANSEN, JACOB E
Address: ONE AIG CENTER
City-St-Zip: WILMINGTON, DE 19803

Title: VD () Delete
Name: DESANTIS, ANTHONY J
Address: ONE AIG CENTER
City-St-Zip: WILMINGTON, DE 19803

Title: S () Delete
Name: TUCK, ELIZABETH M
Address: 70 PINE STREET, 30TH FLOOR
City-St-Zip: NEW YORK, NY 10270

Title: TD () Delete
Name: PFEIL, GLENN A
Address: ONE AIG CENTER
City-St-Zip: WILMINGTON, DE 19803

Title: VD () Delete
Name: CAIN, ESTA L
Address: ONE AIG CENTER
City-St-Zip: WILMINGTON, DE 19803

Title: V () Delete
Name: COLONA, JOHN G
Address: ONE AIG CENTER
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH M. TUCK

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05/17/2006

Electronic Signature of Signing Officer or Director

Date