

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005070

FILED
Apr 29, 2009
Secretary of State

Entity Name: AIG INDEMNITY INSURANCE COMPANY

Current Principal Place of Business:

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
30TH FLOOR
NEW YORK, NY 10270 US

New Mailing Address:

3 BEAVER VALLEY ROAD
WILMINGTON, DE 19803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: PORCARI III, JAMES A
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: VP () Delete
Name: TOMICH, ANTHONY W
Address: 6301 OWENSMOUTH AVENUE
City-St-Zip: WOODLAND HILLS, CA 91367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: 70 PINE STREET, 30TH FLOOR
City-St-Zip: NEW YORK, NY 10270

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 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date