


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06852 1. Entity Name ABEILLE GENERAL INSURANCE COMPANY	
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FILED
 04 APR 29 AM 10:30
 700034738687
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 70 PINE STREET 30TH FLOOR NEW YORK, NY 10270 US	Mailing Address 70 PINE STREET 30TH FLOOR NEW YORK, NY 10270 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04262004 Chg-P CR2E034 (10/03)

4. FEI Number 13-2755310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	PAVIA, ANTHONY
STREET ADDRESS	4501 NORTH POINT PARKWAY
CITY-ST-ZIP	ALPHARETTA, GA 30021
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	MCFATE, CAROL
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	S <input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH M.
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	D <input type="checkbox"/> Delete
NAME	MATTHEWS, EDWARD E
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	D <input type="checkbox"/> Delete
NAME	TIZZIO, THOMAS R
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	CD <input type="checkbox"/> Delete
NAME	SANDLER, ROBERT M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Bensinger, Steven J.
STREET ADDRESS	70 Pine Street
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Elizabeth M. Tuck 4-26-04 (212) 770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 598287 4320171
AUTHORIZATION : Patricia Pizots
COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004
ORDER TIME : 10:18 AM
ORDER NO. : 598287-175
CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: ABEILLE GENERAL 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. 2914

EXAMINER'S INITIALS:

RECEIVED
04 APR 29 PM 1:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA