## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 803353** 

**Entity Name: AIG PROPERTY CASUALTY COMPANY** 

**Current Principal Place of Business:** 

NEW YORK, NY 10038

175 WATER STREET

**Current Mailing Address:** 

175 WATER STREET NEW YORK, NY 10038 US

FEI Number: 25-1118791 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US

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

**FILED** Apr 21, 2014

**Secretary of State** 

CC2205558449

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR HERZOG, DAVID L DOYLE, JOHN Q Name Name 180 MAIDEN LANE Address Address 175 WATER STREET City-State-Zip: NEW YORK NY 10038 NEW YORK NY 10038 City-State-Zip:

Title **TREASURER** Title S

Name CAULFIELD, JUSTIN BUTKOVIC, DENIS M Name Address 180 MAIDEN LANE Address 175 WATER STREET, 15TH FLOOR NEW YORK NY 10038 City-State-Zip: City-State-Zip: NEW YORK NY 10038

Title DIRECTOR **PRESIDENT** Title

Name SANKARAN, SIDDHARTHA Name SCHIMEK, ROBERT S

Address **80 PINE STRET** 175 WATER STREET Address

City-State-Zip: NEW YORK NY 10005 NEW YORK NY 10038 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name FARBER, JEFFREY M MACHON, MONIKA M Name ONE NEW YORK PLAZA Address 180 MAIDEN LANE Address City-State-Zip: NEW YORK NY 10004 NEW YORK NY 10038 City-State-Zip:

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I hereby 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 all other like empowered.

SIGNATURE: DENIS M BUTKOVIC

SECRETARY

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name HANCOCK, PETER D

Address 175 WATER STREET, 28TH FLOOR

City-State-Zip: NEW YORK NY 10038

Title DIRECTOR

Name BRACKEN, JAMES
Address 175 WATER STREET

City-State-Zip: NEW YORK NY 10038

Title DIRECTOR

Name WILLIS, MARK T

Address 500 W. MADISON STREET

City-State-Zip: CHICAGO IL 60061