

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003716

Entity Name: AIX, INC.**Current Principal Place of Business:**5 WATERSIDE CROSSING
WINDSOR, CT 06095**Current Mailing Address:**440 LINCOLN ST.
WORCESTER, MA 01653**FEI Number:** 20-3051651**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title P, DIRECTOR
Name SCHULTZ, ROBERT D
Address 5 WATERSIDE CROSSING
City-State-Zip: WINDSOR CT 06095

Title VP
Name BINNIE, LISA M
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title S
Name CRONIN, CHARLES F
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title T
Name FURMAN, ANDREW C
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title ASST. SECRETARY, GENERAL
COUNSEL, EXECUTIVE VP
Name HUBER, J. KENDALL
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP
Name KINGSBURY, CHARLES O
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP, CORPORATE CONTROLLER
Name BARNES, WARREN E
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP
Name HYNEY, SCOTT C
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Continues on page 2

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: CHARLES F. CRONIN**SECRETARY****04/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CHIEF INVESTMENT OFFICER, SENIOR VP
Name TRIPP, ANN K
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title ASSISTANT CORPORATE CONTROLLER
Name KINGSBURY, CHARLES O
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP
Name FURMAN, ANDREW C
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP
Name FEINHAUS, ANNA U
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR
Name ROBINSON, ANDREW S
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP
Name LITCHFIELD, RICHARD J
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP, CHIEF COMPLIANCE OFFICER
Name BRYNGA, JONATHAN E
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title VP
Name LANNIGAN, MICHAEL F
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653

Title ASST. TREASURER
Name BELLANTONI, CHERYL A
Address 440 LINCOLN ST.
City-State-Zip: WORCESTER MA 01653