

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 801165 (2)
1. Corporation Name
AIU INSURANCE COMPANY

Principal Place of Business
70 PINE STREET, 27TH FLOOR
NEW YORK NY 10270

Mailing Address
70 PINE STREET, 27TH FLOOR
ATTN E M TUCK
NEW YORK NY 10270-0002
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/03/1919	3a. Date of Last Report 05/01/1996
4. FEI Number 13-5303710	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	TIZZIO, THOMAS R	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	PD	☒ DELETE
NAME	SMITH, WILLIAM D	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☒ DELETE
NAME	FOLEY, PATRICK J	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	V	☒ DELETE
NAME	GANTZ, JOHN G	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	S	☐ DELETE
NAME	TUCK, ELIZABETH M	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	VTD	☐ DELETE
NAME	CASTELLI, MICHAEL J	
STREET ADDRESS	99 JOHN STREET	
CITY-ST-ZIP	NEW YORK NY 10038	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/P/D	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	matthews, Edward E	
2.3 STREET ADDRESS	70 Pine Street	
2.4 CITY-ST-ZIP	New York, NY 10270	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Douglas, Frank H.	
3.3 STREET ADDRESS	70 Pine Street	
3.4 CITY-ST-ZIP	New York, NY 10270	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Greenberg, m. R.	
4.3 STREET ADDRESS	70 Pine Street	
4.4 CITY-ST-ZIP	New York, NY 10270	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth M. Tuck

Abraham (212) 770-7000

CR2E034 (9/96)