

857724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

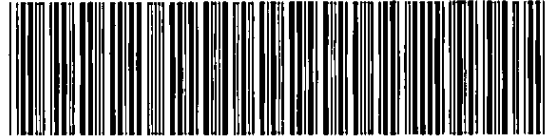
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV - 3 PM 4:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

And

R. WHITE

NOV - 6 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 884052 4719544
AUTHORIZATION : *Spells Blenman*
COST LIMIT : \$ 35.00

ORDER DATE : October 25, 2017
ORDER TIME : 3:07 PM
ORDER NO. : 884052-005
CUSTOMER NO: 4719544

FOREIGN FILINGS

NAME: AIG ASSURANCE COMPANY

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AIG Assurance Company
Name of Corporation

DOCUMENT NUMBER: 857724

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanya E. Kent
Name of Contact Person

American International Group, Inc.
Firm/Company

175 Water Street, 15th Floor
Address

New York, NY 10038
City/State and Zip Code

tanya.kent@aig.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya E. Kent at (212) 458-7452
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

857724

(Document number of corporation (if known))

1. AIG Assurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. September 15, 1983
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
Illinois
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Tanya E. Kent

Secretary

(Typed or printed name of person signing)

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE FLORIDA
17 NOV -3 PM 1:31
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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE



WHEREAS, the AIG Assurance Company located at City of Chicago,
County of Cook in the State of **Illinois** was incorporated pursuant to the
provisions of the "**Illinois Insurance Code**" applicable to said Company;

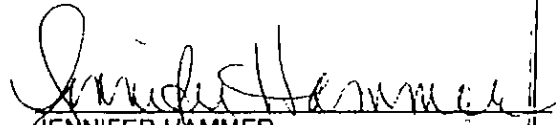
NOW, THEREFORE, I the undersigned, Director of Insurance of the
State of Illinois, do hereby certify the said Company is authorized to transact
its appropriate business as set forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2
(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "**Illinois Insurance Code**" in this State, in accordance
with the laws thereof.

DEPARTMENT OF INSURANCE of the State
of Illinois;

DATE: November 2, 2017


JENNIFER HAMMER
DIRECTOR OF INSURANCE



Certificate of Compliance