

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801165

Entity Name: AIU INSURANCE COMPANY**Current Principal Place of Business:**175 WATER STREET
NEW YORK, NY 10038**Current Mailing Address:**175 WATER STREET
NEW YORK, NY 10038 US**FEI Number:** 13-5303710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name EASTWOOD, PETER J
Address 100 SUMMER STREET
City-State-Zip: BOSTON MA 02110

Title SECRETARY
Name BUTKOVIC, DENIS M
Address 180 MAIDEN LANE, 37TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name FIELDS, DAVID N
Address 175 WATER STREET
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name BRACKEN, JAMES
Address 175 WATER STREET
City-State-Zip: NEW YORK NY 10038

Title VP
Name LOWMAN, JOSEPHINE B
Address ONE NEW YORK PLAZA, 17TH FLOOR
City-State-Zip: NEW YORK NY 10004

Title COB, DIRECTOR
Name HANCOCK, PETER D
Address 175 WATER STREET, 30TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title TREASURER
Name CAULFIELD, JUSTIN
Address 180 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name HERZOG, DAVID L
Address 180 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

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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****04/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOYLE, JOHN Q
Address 175 WATER STREET, 30TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name SANKARAN, SIDDHARTHA
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005