

2016 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:**CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
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

Officer/Director Detail :

Title SECRETARY
Name KENT, TANYA E.
Address 175 WATER STREET
15TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name BRACKEN, JAMES
Address 175 WATER STREET
28TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name HANNA, KIMBELRY MARGARET
Address 175 WATER STREET
25TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name HOGAN, KEVIN TIMOTHY
Address 175 WATER STREET
30TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title TREASURER
Name WALLS CAULFIELD, JUSTIN JEROME
Address 175 WATER STREET
29TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name BAUGH, ALEXANDER ROSS
Address 175 WATER STREET
26TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name GARG, GAURAV
Address 175 WATER STREET
23RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name COOK, JOSEPH D
Address 80 PINE STREET
City-State-Zip: NEW YORK NY 10005

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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: TANYA E. KENT**SECRETARY****08/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, CEO, DIRECTOR
Name SCHIMEK, ROBERT SCOTT
Address 175 WATER STREET
 24TH FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name EDGECLIFFE-JOHNSON, JEREMY
 DAVID
Address 99 HIGH STREET
 27TH FLOOR
City-State-Zip: BOSTON MA 02110