

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857724

**FILED  
Apr 20, 2015  
Secretary of State  
CC4403161231**

**Entity Name:** AIG ASSURANCE COMPANY

**Current Principal Place of Business:**

175 WATER STREET  
18TH FLOOR  
NEW YORK, NY 10038

**Current Mailing Address:**

175 WATER STREET  
18TH FLOOR  
NEW YORK, NY 10038 US

**FEI Number:** 02-6008643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INSURANCE COMMISSIONER  
CAPITOL BLDG  
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 DIRECTOR  
Name DOYLE, JOHN QUINLAN  
Address 175 WATER STREET  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title SECRETARY  
Name BUTKOVIC, DENIS M  
Address 175 WATER STREET  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10038

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

Title DIRECTOR  
Name FARBER, JEFFREY MARK  
Address 175 WATER STREET  
28TH 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 BRACKEN, JAMES  
Address 175 WATER STREET  
28TH 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

Title DIRECTOR  
Name HOGAN, KEVIN TIMOTHY  
Address 175 WATER STREET  
30TH FLOOR  
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**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WILLIS, MARK TIMOTHY  
Address        500 W. MADISON STREET  
City-State-Zip: CHICAGO IL 60661