

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857724

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC1136828609**

**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:**

CHIEF FINANCIAL OFFICER  
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  
Address 175 WATER STREET  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10038

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

Title TREASURER  
Name CAULFIELD, JUSTIN  
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 GRABEK, STEPHEN  
Address 500 WEST MADISON STREET  
SUITE 3000  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name FITZPATRICK, JOSEPH  
Address 500 WEST MADISON STREET  
SUITE 3000  
City-State-Zip: CHICAGO IL 60661

Title DIRECTOR  
Name FRY, CHARLES  
Address 175 WATER STREET  
20TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name NORMAN, SHELLEY  
Address 500 WEST MADISON STREET  
City-State-Zip: CHICAGO IL 60661

**Continues on page 2**

*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 KENT

**SECRETARY**

**04/27/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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