

1.) CORPORATION NAME:

Arlington Asset Investment Corp.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**D. SCOTT PARISH
ARLINGTON ASSET INVESTMENT CORP.
1001 NINETEENTH STREET NORTH**

SCC ID NO: **05869763**

ARLINGTON, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	450,000,000
COMB	100,000,000
PREFER	24,900,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1001 19TH ST NORTH
SUITE 1900

CITY/ST/ZIP: ARLINGTON, VA 22209

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	J ROCK TONKEL JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	1001 19TH ST N		
	SUITE 1900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	D SCOTT PARISH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1001 19TH ST NORTH		
	Suite 1900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	ERIC F BILLINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR/CEO		
ADDRESS:	1001 19TH ST N		
	Suite 1900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	DANIEL J ALTOBELLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 19TH ST N		
	Suite 1900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	PETER A GALLAGHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 19TH ST N		
	Suite 1900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME: Brian J Bowers TITLE: CIO ADDRESS: 1001 19th Street North Suite 1900 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Yong Lee TITLE: SVP/Controller ADDRESS: 1001 19th Street North Suite 1900 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Daniel E. Berce TITLE: DIRECTOR ADDRESS: 1001 19th Street North Suite 1900 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ralph S Michael III TITLE: DIRECTOR ADDRESS: 1001 19th Street North Suite 1900 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David W Faeder TITLE: DIRECTOR ADDRESS: 1001 19th Street North Suite 1900 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kurt R Harrington TITLE: EVP, CFO, Treas ADDRESS: 1001 19th Street North Suite 1900 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ D SCOTT PARISH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	D SCOTT PARISH, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/17/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		