

1.) CORPORATION NAME:

AIU INSURANCE COMPANY

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0021685**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER STREET

CITY/ST/ZIP: NEW YORK, NY 10038

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.

<p>NAME: JOSEPHINE B. LOWMAN TITLE: VICE PRESIDENT ADDRESS: 80 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JUSTIN CAULFIELD TITLE: TREASURER ADDRESS: 180 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DENIS M. BUTKOVIC TITLE: SECRETARY ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 15TH FLOOR NEW YORK, NY 10038</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES BRACKEN TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10038</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN QUINLAN DOYLE TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 28TH FLOOR NEW YORK, NY 10038</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER DOUGLAS HANCOCK TITLE: DIRECTOR ADDRESS: 175 WATER STREET CITY/ST/ZIP/CO: 28TH FLOOR NEW YORK, NY 10038</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: DAVID LAWRENCE HERZOG TITLE: DIRECTOR ADDRESS: 180 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SIDDHARTHA SANKARAN TITLE: DIRECTOR ADDRESS: 80 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DENIS M. BUTKOVIC SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENIS M. BUTKOVIC, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/12/2013 DATE
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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.