

1.) CORPORATION NAME:

AIG Assurance Company

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F0446205**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	120,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER STREET, 18TH FLOOR

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.

NAME:	CRAIG W. LESLIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	JOSEPHINE B. LOWMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005		
NAME:	JUSTIN CAULFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	JAMES BRACKEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	PETER DOUGLAS HANCOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	30TH FLOOR NEW YORK, NY 10038		
NAME:	MARTIN J. BOGUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	15TH FLOOR NEW YORK, NY 10005		

NAME: DENIS M. BUTKOVIC TITLE: SECRETARY ADDRESS: 175 WATER STREET 15TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN QUINLAN DOYLE TITLE: DIRECTOR ADDRESS: 175 WATER STREET 28TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<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
NAME: MONIKA MARIA MACHON TITLE: DIRECTOR ADDRESS: 180 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK TIMOTHY WILLIS TITLE: DIRECTOR ADDRESS: 500 W. MADISON STREET CITY/ST/ZIP/CO: CHICAGO, IL 60661	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY M. FARBER TITLE: DIRECTOR ADDRESS: ONE NEW YORK PLAZA CITY/ST/ZIP/CO: NEW YORK, NY 10004	<input type="checkbox"/> OFFICER <input checked="" 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/ DENIS M. BUTKOVIC SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENIS M. BUTKOVIC, SECRETARY PRINTED NAME AND CORPORATE TITLE
12/4/2013 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.	