

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801165 (2)

1. Corporation Name
AIU INSURANCE COMPANY



Principal Place of Business Mailing Address
**70 PINE STREET, 27TH FLOOR
NEW YORK NY 10270** **70 PINE STREET, 27TH FLOOR
NEW YORK NY 10270**

3. Date Incorporated or Qualified **07/03/1919** 3a. Date of Last Report **01/13/1995**
4. FEI Number **13-5303710** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 **Att'n: E.M. TUCK**
23 Zip Country 28 City & State
24 25 29 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent or officer or director (If NE, Registered Agent signature required on this filing)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TIZZO, THOMAS R	
STREET ADDRESS	70 PINE STREET	
CITY - ST - ZIP	NEW YORK NY 10270	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, JEFFREY W	
STREET ADDRESS	70 PINE STREET	
CITY - ST - ZIP	NEW YORK NY 10270	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOLEY, PATRICK J	
STREET ADDRESS	70 PINE STREET	
CITY - ST - ZIP	NEW YORK NY 10270	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GANTZ, JOHN G	
STREET ADDRESS	70 PINE STREET	
CITY - ST - ZIP	NEW YORK NY 10270	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH M	
STREET ADDRESS	70 PINE STREET	
CITY - ST - ZIP	NEW YORK NY 10270	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CASTELLI, MICHAEL J	
STREET ADDRESS	99 JOHN STREET	
CITY - ST - ZIP	NEW YORK NY 10038	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Smith, William D.
2.3 STREET ADDRESS	70 Pine Street
2.4 CITY - ST - ZIP	New York, NY 10270
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Walsh, David J.
3.3 STREET ADDRESS	70 Pine Street
3.4 CITY - ST - ZIP	New York, NY 10270
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth M. Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (212) 770-7000
Date Registered Phone #

CR2E034 (12/95)