

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 801165

**Entity Name:** AIU INSURANCE COMPANY

**Current Principal Place of Business:**

175 WATER STREET  
NEW YORK, NY 10038

**FILED**  
**Jun 04, 2020**  
**Secretary of State**  
**0711794161CC**

**Current Mailing Address:**

175 WATER STREET  
NEW YORK, NY 10038 US

**FEI Number: 13-5303710**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
PO BOX 6200 (32314-6200)  
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 TREASURER  
Name CAULFIELD, JUSTIN  
Address 175 WATER STREET  
29TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name BOLT, THOMAS  
Address 175 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name HABAYEB, ELIAS  
Address 175 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name BRASSINGTON, RICHARD  
Address 80 PINE STREET  
City-State-Zip: NEW YORK NY 10005

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

Title DIRECTOR  
Name RIEGLER, KENNETH  
Address 175 WATER STREET  
25TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name PRICE, MICHAEL  
Address 175 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

**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**

**06/04/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MCELROY, DAVID  
Address        175 WATER STREET  
                  24TH FLOR  
City-State-Zip: NEW YORK NY 10038