

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # 801165 (2)**  
 1. Corporation Name  
**AIU INSURANCE COMPANY**



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

Mailing Address  
**70 PINE STREET, 27TH FLOOR  
 ATTN E M TUCK  
 NEW YORK NY 10270-0002  
 US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified <b>07/03/1919</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>13-5303710</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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 and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TIZZIO, THOMAS R	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WILLIAM D	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, PATRICK J	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY 10270	
TITLE	V	<input checked="" 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	C/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Matthews, Edward E	
2.3 STREET ADDRESS	70 Pine Street	
2.4 CITY-ST-ZIP	New York, NY 10270	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Douglas, Frank H.	
3.3 STREET ADDRESS	70 Pine Street	
3.4 CITY-ST-ZIP	New York, NY 10270	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Greenberg, m.R.	
4.3 STREET ADDRESS	70 Pine Street	
4.4 CITY-ST-ZIP	New York, NY 10270	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* *Abaker* (212) 770-7000

CR2E034 (9/96)