

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801165

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: AIU INSURANCE COMPANY

**Current Principal Place of Business:**

80 PINE STREET  
NEW YORK, NY 10005 US

**New Principal Place of Business:**

175 WATER STREET  
NEW YORK, NY 10038 US

**Current Mailing Address:**

80 PINE STREET  
NEW YORK, NY 10005 US

**New Mailing Address:**

175 WATER STREET  
NEW YORK, NY 10038 US

FEI Number: 13-5303710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALSH, NICHOLAS C  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

Title: VP  
Name: LOWMAN, JOSEPHINE B  
Address: ONE NEW YORK PLAZA  
City-St-Zip: NEW YORK, NY 10004 US

Title: S  
Name: DUFFY, VICTORIA B  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

Title: AS  
Name: ROEHRS, CHRISTOPHER  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

Title: D  
Name: MUCERINO, RALPH W  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

Title: T  
Name: SCHIMEK, ROBERT S  
Address: 175 WATER STREET  
City-St-Zip: NEW YORK, NY 10038 US

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: VICTORIA B. DUFFY

S

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date