Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 08/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AMERICAN INTERNATIONAL GROUP, INC.

175 WATER STREET
20TH FLOOR
NEW YORK, NY 10038

2b Employer Identification Number (EIN)
13-2592361

2c Plan Sponsor's telephone number
212-770-7000

2d Business code (see instructions)
524140

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	JUSTIN ORLANDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	DON CUMMINGS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AIG RETIREMENT BOARD
C/O JUSTIN ORLANDO
175 WATER STREET
NEW YORK, NY 10038

3b Administrator's EIN: 13-2592361

3c Administrator's telephone number: 212-770-6614

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2862
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1910
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1824
b	Retired or separated participants receiving benefits	**6b**	153
c	Other retired or separated participants entitled to future benefits	**6c**	817
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2794
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	2796
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1993
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	85
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BARON CAPITAL INC.
767 5TH AVENUE
NEW YORK, NY 10153

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

GALLIARD CAPITAL MANAGEMENT
800 LASALLE AVE
STE 1100
MINNEAPOLIS, MN 55402

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARDING, LOEVNER FUNDS, INC.
P.O. BOX 7466
CHICAGO, IL 60680

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DIMENSIONAL FUND ADVISORS
6300 BEE CAVE ROAD
BUILDING ONE
AUSTIN, TX 78746

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

100 VANGUARD BLVD
MALVERN, PA 19355-2331

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MASSACHUSETTS FINANCIAL SERV.

500 BOYLSTON STREET
BOSTON, MA 02116-3741

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THORNBURG INVESTMENT MGMT

2300 NORTH RIDGETOP ROAD
SANTA FE, NM 87506

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AON CORPORATION

200 E. RANDOLPH STREET
CHICAGO, IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	26000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 37 38 49 50 59 60 62 64 65 72 99	RECORDKEEPER/TRUSTEE	12086	Yes [X] No [ ]	Yes [ ] No [X]	3781	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

WILLIS MCDONALD CO. INC.

44 WEST 62ND STREET
NEW YORK, NY 10023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	9334	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, INC.	15 38 59 60	1709

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON CAPITAL INC. 767 5TH AVENUE NEW YORK, NY 10153	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, INC.	15 38 59 60	1801

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INVESTMENT MGMT 2300 NORTH RIDGETOP ROAD SANTA FE, NM 87506	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AIG MASTER TRUST

b Name of sponsor of entity listed in (a): AMERICAN INTERNATIONAL GROUP, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-2592361-007	M	17134209

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2010 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735886-001	C	242856

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2015 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735891-001	C	1104267

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2020 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735899-001	C	1224222

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2025 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0705963-001	C	766815

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2030 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735964-001	C	545576

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2035 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735965-001	C	465847

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2040 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735971-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163465

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2045 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735972-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363200

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2050 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214102

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2055 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 305538

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2060 PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109209

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RET INCOME TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-0735883-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317927

a Name of MTIA, CCT, PSA, or 103-12 IE: HRC INTERNATIONAL EQUITY CIT

b Name of sponsor of entity listed in (a): HARDING,LOEVNER FUNDS, INC.

c EIN-PN 27-6075499-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 733849

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2061769	1645145
(9) Value of interest in common/collective trusts	1c(9)	5968848	6556873
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	17977329	17134209
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52121556	45039360
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		2587013

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	180933	162644
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	78310435	73125244
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	7315	7912
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	57070	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	64385	7912
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	78246050	73117332

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	461319	
	(B) Participants	2a(1)(B)	3168890	
	(C) Others (including rollovers)	2a(1)(C)	167316	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3797525
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	52744	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		52744
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1840726	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1840726
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	27150	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27491	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-341
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-5362	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-5362

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-84672
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		173236
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1664290
c Other income	2c		2583407
d Total income. Add all **income** amounts in column (b) and enter total	2d		6692973
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11710582	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11710582
f Corrective distributions (see instructions)	2f		2443
g Certain deemed distributions of participant loans (see instructions)	2g		-866
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3352	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	26000	
(4) Other	2i(4)	29437	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		58789
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11770948
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5077975
l Transfers of assets:			
(1) To this plan	2l(1)		3485
(2) From this plan	2l(2)		54228

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS, LLP **(2)** EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN	13-2592361	003

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN INTERNATIONAL GROUP, INC.

D Employer Identification Number (EIN)
13-2592361

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-2020334

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Report of Independent Auditors

To the Administrator of American General Agents' and Managers' Thrift Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American General Agents' and Managers' Thrift Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and December 31, 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mercer Trust Company, the trustee and custodian of the Plan, and Wells Fargo Bank N.A., the custodian of the AIG Stable Value Fund, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2015 and December 31, 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

October 17, 2016

American General Agents' and Managers' Thrift Plan

Financial Statements and Supplemental Schedule
December 31, 2015 and 2014

American General Agents' and Managers' Thrift Plan
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Supplemental Schedule

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2015 21

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

To the Administrator of American General Agents' and Managers' Thrift Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American General Agents' and Managers' Thrift Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and December 31, 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mercer Trust Company, the trustee and custodian of the Plan, and Wells Fargo Bank N.A., the custodian of the AIG Stable Value Fund, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2015 and December 31, 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

October 17, 2016

American General Agents' and Managers' Thrift Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments, at fair value (see Note 4)		
Mutual funds	$ 45,039,360	$ 52,121,556
Common collective trust funds	6,556,873	5,968,848
AIG warrants	162,644	180,933
AIG Master Trust (see Note 5)	17,134,209	17,811,062
Total Investments, at fair value	68,893,086	76,082,399
Loans receivable from participants	1,645,145	2,061,769
Litigation settlement receivable (see Note 11)	2,581,626	-
Prepaid Expenses	5,387	-
Total assets	73,125,244	78,144,168
Liabilities		
Payable for trustee and administrative expenses	7,912	7,315
Payable for other liabilities	-	57,070
Total liabilities	7,912	64,385
Net assets available for benefits	$ 73,117,332	$ 78,079,783

See accompanying notes to the financial statements.

American General Agents' and Managers' Thrift Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2015

		2015
Additions to net assets attributed to		
Investment income		
Net appreciation/(deprecation) in fair value of investments	$	(1,754,665)
Interest in investment income of the AIG Master Trust		339,503
Dividend income		1,840,726
Net investment income		425,564
Interest income from participant loans		52,744
Contributions		
Participants		3,168,890
Employer		461,319
Rollovers		167,316
Total contributions		3,797,525
Litigation settlement (see Note 11)		2,581,626
Other additions		1,781
Total additions to net assets before transfer		6,859,240
AIG ISP transfer in (see Note 12)		3,485
Total additions to net assets after transfer		6,862,725
Deductions from net assets attributed to		
Distributions paid to participants		11,712,159
Administrative expenses		44,319
Redemption fees paid by participants		11,490
Other deductions		2,980
Total deductions from net assets		11,770,948
Net decrease		(4,908,223)
AIG ISP transfers out (see Note 12)		54,228
Net decrease after transfers		(4,962,451)
Net assets available for benefits at		
Beginning of year		78,079,783
End of year	$	73,117,332

See accompanying notes to the financial statements.

1. Description of the Plan

The following description of the American General Agents' and Managers' Thrift Plan (the "Plan") provides only general information. Plan participants should refer to the Plan document for a complete description of the Plan's provisions. Copies of the Plan document are available from the Plan Administrator.

General

The Plan was established on August 1, 1968 and was most recently restated as of January 1, 2013 and has been subsequently amended.

The Plan is a defined contribution 401(k) plan with matching contributions. The Plan satisfies nondiscrimination testing under Section 401(k)(3) of the Internal Revenue Code of 1986, as amended (the "Code") and is intended to comply with Section 404(c) of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is sponsored by American International Group, Inc. (the "Company" or "AIG").

The overall Plan design is the responsibility of the Compensation and Management Resources Committee (the "CMRC") of the Board of Directors of AIG. The Plan Administrator is the AIG Retirement Board (the "Board") and it is responsible, either directly or through delegations, for the day-to-day operations of the Plan. In addition, the AIG Investment Committee (the "Committee"), whose members are appointed by the CMRC, is responsible for monitoring fund performance and examining and selecting new fund options for the Plan. The Board and Committee are named fiduciaries of the Plan.

Eligible agents, advisors, and managers ("employees") assigned to the AIG Financial Network businesses of the American General Life Insurance Company, an indirectly owned subsidiary of AIG, are eligible to participate in the Plan upon their employment commencement date. The Plan provides for participant elective salary deferrals (participant pre-tax contributions) in accordance with Section 401(k) of the Internal Revenue Code of 1986, as amended (the "Code"). Effective January 1, 2013, the Plan was amended to permit Roth after-tax contributions.

The recordkeeper of the Plan for 2015 and 2014 was Mercer HR Services, LLC ("Mercer HR") and the main custodian and trustee of the Plan is Mercer Trust Company ("Mercer Trust Co.") (collectively, "Mercer"). The AIG Master Trust holds the AIG Stable Value Fund and the AIG Stock Fund. The assets of the AIG Master Trust are held by Mercer Trust Co. The custodian of the AIG Stable Value Fund is Wells Fargo Bank, N.A. The Plan was amended effective August 1, 2015 to give participants the ability to appoint an investment advisor that is designated by the Investment Committee (currently Financial Engines, Inc.) to make investment elections with respect to a participant's account in the Plan, and to give the Plan Administrator the discretion to transfer account balances of at least $1,000, but less than $5,000 to an individual retirement account provided by a trustee or issuer designated by the Plan Administrator.

Participant Accounts

Each participant's Plan account is credited with his/her employee contributions, the Company matching contributions, plus an allocation of the investment income (loss), and administrative and investment expenses, where applicable. The benefit to which a participant is entitled is the amount of the participant's vested Plan account balance.

Contributions and Vesting

Participants may contribute, on a pre-tax basis and/or Roth after-tax basis, a basic contribution amount up to three percent of their eligible annual compensation. Participants may also make additional pre-tax and/or Roth after-tax contributions in an amount ranging from one to forty-seven percent of their eligible annual compensation. All contributions are subject to the contribution limitations discussed below. Employee contributions and earnings vest immediately. The Company makes matching contributions equal to 33.333% of the participant's basic contribution (the first three percent of eligible compensation contributed). After three years of service, employees are fully vested in the Company's matching contributions and earnings.

The Plan permits acceptance of lump-sum rollover contributions from a qualified plan of a prior employer or from other Plans, as deemed acceptable under the terms of the Plan. There is no Company match provided on rollover contributions.

For 2015, pursuant to Internal Revenue Service ("IRS") rules, the total amount of a participant's pre-tax contributions and/or Roth after-tax contributions was limited to $18,000. In addition to these amounts, participants who attain the age of fifty by the end of the year are provided an opportunity to contribute an additional $6,000 in pre-tax and/or Roth after-tax catch up contributions. These additional age 50 catch up contributions are not eligible for Company matching contributions.

Participants may change their contribution rate and investment election for future contributions at any time. The Plan document has a complete description of any restrictions to the Plan. All changes, except transfers, are effective as soon as administratively feasible. Transfers are effective on the business day the request is received.

Investment Options

Plan assets are invested in the investment options offered under the Plan at the direction of Plan participants, and in accordance with the Plan document. If a new participant fails to select one or more investment options, such participant's account will be invested in the Plan's qualified default investment alternative, the Target Retirement Date Fund applicable for the participant's age.

Except as specified below, participants may make transfers between existing funds or change the allocation of their current contributions on a daily basis. Transfers and exchanges directly from the AIG Stable Value Fund ("Stable Value") to the Vanguard Prime Money Market Fund (a competing fund) are not allowed. Instead, transfers from the Stable Value must be invested in a non-competing fund for a minimum of ninety (90) days before being exchanged to the Vanguard Prime Money Market Fund.

Prior to May 4, 2009, only employer matching contributions could be invested in the AIG Stock Fund ("Stock Fund"), a fund that is invested in AIG common stock, if the participant had elected the Stock Fund as an investment option. As of May 4, 2009, no new contributions could be invested in the Stock Fund. However, contributions invested in the Stock Fund prior to May 4, 2009 could remain invested or could be sold at the participant's election.

To reduce administrative and fund transaction costs associated with short-term trading by participants which can impact all shareholders in a particular fund, restrictions are placed on frequent or short-term trading. Mercer limits participant exchange activity. If a participant exchanges out of a fund, he or she cannot exchange back into that fund for sixty (60) days. This restriction applies to all funds except the Vanguard Prime Money Market Fund.

Warrants

On January 14, 2011, as part of AIG's recapitalization plan (which resulted in the U.S. Treasury Department holding approximately 92% of AIG's outstanding common stock), AIG declared a "warrant dividend" on shares of AIG common stock outstanding on January 13, 2011 (the "record date"). Holders of AIG common stock on the record date received .533933 warrants per share of AIG common stock. Each warrant entitled the holder to purchase one share of AIG common stock at a price of $45 per share, subject to anti-dilution adjustment for certain events. The AIG warrants were distributed at the close of business on January 19, 2011 to AIG's common shareholders of record as of January 13, 2011, including to the accounts of participants in the Plan who had a portion of their account invested in the Stock Fund prior to when the Fund was frozen to new contributions in May 2009. In 2015, there has been the following anti-dilution adjustments to the exercise price:

Effective at the close of business on December 7, 2015, the exercise price of the warrants decreased from $45.00 per share to $44.9036 per share.

Distributions

An employee can withdraw the vested portion of his or her Plan account upon termination of employment, retirement, death, or if in need of the funds due to a case of hardship. In addition, while actively employed, participants with five or more years of service may withdraw eligible after-tax contributions, rollover funds and Company matched contributions at any time; participants with less than five years of service have this same withdrawal option, with the exception that only Company matched contributions credited for a period of 24 months are eligible for withdrawal. Once an employee reaches age 59-1/2, he or she may make unlimited withdrawals of vested amounts, at any time, while actively employed. Participants who retire, leave the Company or become disabled and terminate employment can elect to receive a lump sum distribution equal to the entire value of their vested account or defer the funds in the Plan until age 70-1/2 if the account balance is more than $1,000. Distributions are mandatory for account balances of $1,000 or less and $5,000 or less for spousal beneficiaries or alternate payees pursuant to a qualified domestic relations order.

Accounts of participants who retire on or after age 65, become disabled or die, vest immediately in all funds. A spousal beneficiary is eligible to receive a lump sum distribution equal to the full value of an account held by the Plan participant who dies, and amounts must be distributed by the later of (a) December 31 of the calendar year that contains the fifth anniversary of the participant's date of death or (b) December 31 of the calendar year in which such participant would have attained age seventy

and one-half, unless such surviving spouse dies before the payment is commenced, in which case commencement may not be deferred beyond December 31 of the calendar year following the calendar year in which such surviving spouse dies. A non-spousal beneficiary is eligible to receive a lump sum distribution equal to the full value of an account held by the Plan participant who dies, and if such amounts are rolled over, they may only be rolled over to an inherited individual retirement account or an individual retirement annuity; in either event, amounts must be distributed by December 31 of the calendar year that contains the fifth anniversary of the participant's date of death. Funds taken out of the Plan, and not reinvested into another qualified plan or an individual retirement account, subject the employee to income tax and potential penalties. Pre-tax employee contributions, catch-up contributions, rollover contributions, Company matching contributions, and all investment earnings are subject to regular income taxes at the time of withdrawal. Withdrawals of any taxable amounts (including earnings on after-tax contributions) before age 59-1/2 may also be subject to an additional 10% penalty tax depending upon the participant's age at such time. Participants requesting distributions from amounts invested in the Stock Fund or the Warrants may elect to receive the total in cash, in shares of AIG common stock or in some combination of cash and shares. Fractional shares will be distributed in cash.

Participant Loans

The Plan has a general loan provision which enables employees who have an account balance of at least $2,000 to borrow up to fifty percent of the value of their vested accounts, up to a maximum of $50,000. General purpose loans are granted for a period not to exceed five years. A second loan option is also available for the purchase of a primary residence. Primary residence loans are granted for a period not to exceed fifteen years. Additionally, no more than one general purpose loan may be taken at one time. The rate of interest on any loan to a participant under the Plan shall be determined by the Plan Administrator and shall be equal to the prime rate of interest at the beginning of the quarter in which the loan originates. Loans outstanding at December 31, 2015 have been issued at an interest rate of 3.25% and maturities ranging from January 2016 to April 2030. Loan repayments by participants, including principal and interest, are generally paid ratably through payroll deductions.

Each loan is secured through the vested balance in the participant's Plan account. If a participant defaults on his or her loan by failing to make timely repayments, the outstanding principal and interest due on the loan is treated as a deemed distribution and reported as a taxable distribution to the participant in the year of default. If the participant has an outstanding loan and takes a distribution of his or her Plan benefit, the outstanding principal and interest due on the loan is deducted from the amount distributed to the participant.

Redemption Fees

The Vanguard PRIMECAP Fund charges a redemption fee of 1% on shares that are exchanged out of the fund within one year after being exchanged into the fund. This fee is generally imposed by a fund to discourage short-term trading and protect the interests of long-term fund investors.

Forfeitures

Participants terminating employment forfeit their non-vested Company matching contributions on the earlier of (1) the distribution of the entire non-forfeitable portion of their account or (2) upon incurring a

period equal to five consecutive one-year breaks in service. Forfeitures are available to reduce future Company contributions and administrative expenses. Participants who terminate and are re-employed with a participating company before incurring five consecutive one-year breaks in service are entitled to the reinstatement of their non-vested or forfeited amounts, subject to certain provisions as stated in the Plan document. Amounts in the Plan's forfeiture account were $52,065 and $79,056 at December 31, 2015 and 2014, respectively. In 2015, forfeited contributions of $49,108 were used to pay administrative expenses of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires plan management to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; and disclosures including those for contingent assets and liabilities, at the date of the financial statements. Actual results could differ from those estimates and those differences could be material.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements.

The net appreciation (depreciation) in the fair value of investments, including realized gains or losses and net change in unrealized gains or losses, is reflected in the Statement of Changes in Net Assets Available for Benefits. Realized gains or losses on the disposal of investments are determined by specific identification and recognized on the trade date basis. Interest income is recorded on an accrual basis. Dividend income is recognized on the ex-dividend date. Purchases and sales are recorded on a trade date basis.

Loans Receivable from Participants

Participant loans are classified as Loans receivable from participants in the Statements of Net Assets Available for Benefits and are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Distributions

Distributions paid to participants are recorded when paid.

Recently Issued Accounting Standards

Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)

In May 2015, the Financial Accounting Standards Board ("FASB") amended guidance on fair value disclosure for investments for which fair value is measured using the net asset value ("NAV") per share (or its equivalent) as a practical expedient. The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share practical expedient, and also eliminate certain disclosures for these investments. The standard is effective for the Plan's fiscal years beginning after December 15, 2016, with early application permitted. The Plan's management has decided to adopt this standard before its effective date, and determined that it did not have a material effect on the Plan's Statements of Net Assets Available for Benefits or Statement of Changes in Net Assets Available for Benefits.

Employee Benefit Plan Accounting Improvements

In July 2015, the FASB issued an accounting standard update (the "ASU") that simplifies certain aspects of employee benefit plan accounting, including Defined Benefit Pension Plans, Defined Contribution Pension Plans, and Health and Welfare Benefit Plans and pertaining to the following topics: Fully Benefit-Responsive Investment Contracts (Part I), Plan Investment Disclosures (Part II), and Measurement Date Practical Expedient (Part III). Part III of the standard is not applicable to the Plan. Part I of the ASU designates contract value as the only required measure for fully benefit-responsive investment contracts. Under the amendments, a plan will continue to provide disclosures that help users understand the nature and risks of fully benefit-responsive investment contracts. The amendments in Part II require that investments be grouped only by general type, eliminating the need to disaggregate the investments by nature, characteristics and risks. In addition, certain other investment disclosures are eliminated. The standard is effective for fiscal years beginning after December 15, 2015, with early application permitted. Part II is to be applied retrospectively upon adoption. The Plan's management has decided to adopt this standard before its effective date, and has determined that it did not have a material effect on the Plan's Statements of Net Assets Available for Benefits or Statement of Changes in Net Assets Available for Benefits.

3. Certified Investment Information

As permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the information in this footnote, as well as any information related to investments and investment activity, was prepared by or derived from information certified by the Trustee and custodian, which was furnished to Plan management. Plan management has obtained certifications from the Trustee and custodian that such information is complete and accurate.

	December 31,	
	2015	2014
Investments, at fair value	$ 68,893,086	$ 76,082,399
Loans receivable from participants	$ 1,645,145	$ 2,061,769
Net investment income	$ 425,564	
Interest income from participant loans	$ 52,744	

Prior year amounts have been reclassified to conform to the current year's presentation

In addition, disclosures included in notes 4 and 5 and the Supplemental Schedule of Assets (Held at End of Year) which are related to the investments and investment income detailed above have been derived from information certified by the trustee and custodian.

4. Fair Value Measurements

The Plan carries its investments at fair value which for disclosure purposes are classified in accordance with a fair value hierarchy that prioritizes inputs to valuation techniques based on whether those inputs are observable or unobservable. Observable inputs, which reflect market data obtained from independent sources, and unobservable inputs, which reflect the Plan's market assumptions, create the following hierarchy:

- Level 1 – Fair value measurements based on quoted prices for identical instruments in active markets.

• Level 2 – Fair value measurements based on quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and significant inputs and significant value drivers that are observable in active markets.

• Level 3 – Fair value measurements based on valuation techniques using one or more significant inputs or significant value drivers that are unobservable.

This hierarchy requires the Plan to use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. The Plan's investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The inputs or methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. Based on the Plan's investment strategy, Plan management believes it has no significant concentrations of risk.

Following are descriptions of the valuation methodologies used for instruments carried at fair value in the Plan; the methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other entities, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Mutual Funds

Shares of mutual funds are valued at the net asset value ("NAV") of the shares held by the Plan at year end. The NAV per share is calculated daily by each fund based on observable market values of the underlying securities within each fund. Mutual Funds are classified as Level 1 in the valuation hierarchy because mutual funds are publicly traded and the NAV is quoted in active markets and may be redeemed daily.

Common Collective Trust Funds

Shares of common collective trust funds are valued at the net asset value ("NAV") of the shares held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV per share is calculated daily by each fund based on observable market values of the underlying securities within each fund.

AIG Warrants

The fair value of the AIG warrants are determined by obtaining quoted prices in active markets. Market price data generally is obtained from the New York Stock Exchange.

Investments at Fair Value by Level

The following tables present information about the Plan's investments measured at fair value and indicate the level of the fair value measurement based on the observability of the inputs used at December 31, 2015 and 2014, respectively.

	2015			
	Level 1	Level 2	Level 3	Total
Assets				
Mutual Funds	$ 45,039,360	$ -	$ -	$ 45,039,360
Warrants	162,644	-	-	162,644
Total Investments	$ 45,202,004	$ -	$ -	$ 45,202,004
Other Investments Measured at Net Asset Value				
Common Collective Trust				6,556,873
AIG Master Trust				17,134,209
Total Other Investments Measured at Net Asset Value				$ 23,691,082
Total Investments at Fair Value				$ 68,893,086

There were no transfers between Levels 1, 2 or 3 during the year ended December 31, 2015.

	2014			
	Level 1	Level 2	Level 3	Total
Assets				
Mutual Funds	$ 52,121,556	$ -	$ -	$ 52,121,556
Warrants	180,933	-	-	180,933
Total Investments	$ 52,302,489	$ -	$ -	$ 52,302,489
Other Investments Measured at Net Asset Value				
Common Collective Trust				5,968,848
AIG Master Trust				17,811,062
Total Other Investments Measured at Net Asset Value				$ 23,779,910
Total Investments at Fair Value				$ 76,082,399

There were no transfers between Levels 1, 2 or 3 during the year ended December 31, 2014.

5. Master Trust Information – AIG Master Trust

A portion of the Plan's investments are in the AIG Master Trust, which is a master trust established by AIG to hold certain assets for various defined contribution plans. The AIG Master Trust holds the AIG Stable Value Fund and the AIG Stock Fund, which were contributed by the participating plans to the AIG Master Trust on January 3, 2011. The assets of the AIG Master Trust are held by Mercer Trust Co. The custodian of AIG Stable Value Fund is Wells Fargo Bank, N.A.

Each participating plan has a divided interest in the AIG Master Trust based on the individual plan participants' investment elections. The value of each plan's interest is based on the beginning of the year value of the plan's interest in the AIG Master Trust plus the plan's participants' contributions and allocated investment income less withdrawals and allocated expenses. The participating plans' percentage interests in the investment funds comprising the AIG Master Trust for 2015 and 2014 are summarized below:

	2015		2014	
	AIG Stock Fund	AIG Stable Value Fund	AIG Stock Fund	AIG Stable Value Fund
American International Group, Inc. Incentive Savings Plan	94.63%	96.07%	94.48%	95.98%
American General Agents' and Managers' Thrift Plan	5.25%	3.60%	5.39%	3.71%
AIG Insurance Company-Puerto Rico Capital Growth Plan	0.12%	0.33%	0.13%	0.31%
	100.00%	100.00%	100.00%	100.00%

The following table presents the net assets of the AIG Master Trust as of December 31, 2015 and 2014:

	December 31, 2015	December 31, 2014
AIG Stock Fund		
AIG common stock, at fair value	$14,077,066	$14,682,581
AIG Stable Value Fund		
Collective trusts, at contract value	52,574,011	60,617,122
Separate Account GIC, at contract value	98,881,421	97,815,513
Synthetic GIC, at contract value	306,105,607	299,563,924
Net investments Stable Value Fund	457,561,039	457,996,559
Liabilities	(301,311)	(288,001)
Net Assets Stable Value Fund	457,259,728	457,708,558
Total net assets AIG Master Trust	$471,336,794	$472,391,139
Plan Interest in AIG Master Trust	$17,134,209	$17,811,062

The following are the changes in net assets for the AIG Master Trust for the years ended December 31, 2015 and 2014:

	For the year ended December 31, 2015	2014
Net appreciation in fair value of investments	$2,223,412	$2,489,647
Net investment income	6,477,383	5,529,776
Net transfers	(9,755,140)	(30,605,023)
Increase (decrease) in net assets	(1,054,345)	(22,585,600)
Net assets:		
Beginning of year	472,391,139	494,976,739
End of year	$471,336,794	$472,391,139

Investment valuation

Following are descriptions of the valuation methodologies used for AIG Master Trust investments carried at fair value:

Common stock

Valued at the closing price reported on the active market on which the security is traded.

Collective trusts

Valued at the contract value of the underlying investments held by the fund less its liabilities.

Fully-benefit responsive investment contracts

The AIG Stable Value Fund invests in fully-benefit responsive investment contracts issued by insurance companies and other financial institutions. Contract value is the relevant measurement attribute for the portion of net assets available for benefits attributable to fully benefit-responsive investment contracts. Contract value represents contributions made to the investment contract plus earnings, less participant withdrawals and administrative expenses.

The Plan is exposed to credit risk in the event of non-performance by counterparties to these contracts. However, the plan sponsor does not anticipate non-performance by these counterparties.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including plan termination or

merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Plan management does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

6. Tax Status

The Plan received a determination letter from the IRS dated May 3, 2012, stating that the Plan is qualified under the appropriate sections of the Code and, therefore, the related trust is exempt from taxation. The Plan has been amended and restated since receiving the determination letter and the Plan Administrator and legal counsel believe the Plan document remains in compliance with ERISA and the Code and the Plan is being operated in material compliance with the applicable requirements of the Code.

Tax positions taken by the Plan must be evaluated and a tax liability (or asset) recognized if the Plan Administrator deems it more-likely-than-not that the Plan has taken an uncertain position that would not be sustained upon examination by the IRS. As of December 31, 2015, it was determined that there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits in progress for any tax periods.

7. Administrative Expenses

The Plan recorded administrative expenses, including asset management, Trustee and recordkeeping fees amounting to $44,319 for the year ended December 31, 2015. Professional fees and all other administrative expenses in excess of forfeited contributions used are paid by the Company.

8. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become one hundred percent vested in the employer contribution portion of their balance.

9. Related Party Transactions

The Plan holds shares of AIG common stock. The Plan held 11,921 and 14,120 units of the Stock fund with a fair value of $738,739 and $790,861 at December 31, 2015 and 2014, respectively. The Plan did not purchase any units of the Stock Fund during the years ended December 31, 2015 and 2014. Also, the Plan sold $130,003 and $118,811 of the Stock fund during the years ended December 31, 2015 and 2014, respectively. The Plan received dividends of $10,502 on the Stock Fund for the year ended December 31, 2015.

Mercer is the Trustee of the Plan's Trust; it is also the Trustee of the AIG Master Trust that holds the AIG Stable Value Fund and the AIG Stock Fund. The assets of the AIG Master Trust are held by Mercer Trust Co. and Wells Fargo Bank, N.A. is the custodian of the Stable Value Fund; therefore, these investments qualify as party-in-interest transactions.

Plan investments include units of AIG warrants, which entitled holders to AIG common stock managed by Mercer. The Plan held 6,236 and 7,349 units of AIG warrants with a fair value of $162,644 and $180,933 at December 31, 2015 and 2014, respectively.

Additionally, for the Plan year ended December 31, 2015, the Company paid fees amounting $75,922 to Mercer. These fees are calculated quarterly using basis points.

10. Risks and Uncertainties

The Plan's investments are exposed to various risks such as interest rate fluctuations, market volatility and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks and changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan investments include a variety of investments that may directly or indirectly invest in securities with contractual cash flows. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

At December 31, 2015 and 2014, approximately 1% of the Plan's total investments were invested in the Stock Fund. The value of the underlying AIG stock is subject to operational and market risks.

11. Litigation

Between June 25, 2008 and November 25, 2008, AIG, certain directors and officers of AIG, and members of AIG's Retirement Board and Investment Committee were named as defendants in eight purported class action complaints asserting claims on behalf of participants in certain pension plans sponsored by AIG or its subsidiaries (the "Plans"). The United States District Court of the Southern District of New York (the "Court") subsequently consolidated these eight actions as In re American International Group, Inc. ERISA Litigation II. On December 19, 2014, lead plaintiffs' counsel filed under seal a third consolidated amended complaint. The action purports to be brought as a class action under ERISA, on behalf of all participants in or beneficiaries of certain benefit plans of AIG and its subsidiaries that offered shares of AIG Common Stock. In the third consolidated amended complaint, plaintiffs allege, among other things, that the defendants breached their fiduciary responsibilities to plan participants and their beneficiaries under ERISA, by continuing to offer the AIG Stock Fund as an investment option in the Plans after it allegedly became imprudent to do so. The alleged ERISA violations relate to, among other things, the defendants' purported failure to monitor and/or disclose certain matters, including the Subprime Exposure Issues.

On January 6, 2015, the parties informed the Court that they had accepted a mediator's proposal to settle the action for $40 million. On June 5, 2015, the Court issued an order preliminarily approving the settlement and notice procedures. On September 18, 2015, the Court held a final settlement hearing and, on the same day, issued an Order and Final Judgment approving the class settlement and dismissing the action with prejudice. The settlement, net of fees and expenses, was distributed amongst the Plans in accordance with the Plan of Allocation approved by the Court in March 2016 and the Plans received $25,672,036, of which $2,581.626 was allocated to the Plan.

12. Transfer in/out

In 2015 an employee of another subsidiary of the Company transferred to American General Life Insurance Company and accordingly became eligible for the Plan. As specified in the Plan document, the employee's balance in the AIG, Inc. Incentive Savings Plan ("AIG ISP") was transferred to the Plan. In addition, three employees of American General Life Insurance Company participating in the Plan transferred to another subsidiary of the Company and accordingly became eligible for the AIG ISP. As specified in the Plan document, the employees' balance in the Plan was transferred to the AIG ISP.

13. Changes in Investment Fund Options

On a regular basis, the Committee monitors the performance and associated expenses of the investment options offered through the Plan.

As part of this ongoing review, the following investment fund changes were made effective as of August 3, 2015:

- The Thornburg International Equity Fund was replaced by and had all assets mapped to the Harding Loevner International Equity Collective Investment Trust.
- The suite of Vanguard Target Retirement Trust I Account was replaced by and had all assets mapped to the corresponding Vanguard Target Retirement Trust Plus Account.

14. Subsequent Events

The Plan's management evaluated subsequent events through October 17, 2016, the date on which the financial statements were available to be issued, and with the exception of subsequent events discussed below, no additional disclosures were required.

In August 2015, the CMRC approved in concept and on December 21, 2015 the Board adopted conforming Plan language for the following Plan amendment which became effective as of January 1, 2016:

- The Plan that will provide all employees eligible to participate in the Plan (including those who do not make any employee contributions to the Plan) with non-elective, non-discretionary, immediately-vested Company contributions pursuant to section 401(a) of the Code, in an amount equal to 3% of each participant's eligible compensation, subject to the applicable annual limit set forth in Section 401(a)(17) of the Code.

In August 2015, the Board approved the following Plan amendment which became effective as of January 1, 2016;

- Plan participants who have terminated employment will be permitted to elect to receive either a partial or total distribution of their Plan account balance. Prior to such change, the Plan did not permit partial distributions.

In November 2015, the CMRC approved in concept and on December 21, 2015 the Board adopted conforming Plan language for the following Plan amendments which became effective as of February 29, 2016:

- The Plan shall merge into the AIG ISP and assets shall be transferred to the ISP's Trustee as soon as administratively feasible on or after the merger date. On or after the merger date there shall no longer be any participants in the Plan and no new Participants shall be eligible to enter the Plan.

In February 2016, the Board approved the following Plan amendment which became effective as of January 1, 2016:

- Plan participants whose active employment is terminated during the January 1, 2016 to February 29, 2016 period shall automatically become fully vested in their employer contribution.

Effective January 1, 2016, Transamerica Retirement Solutions, LLC and one or more of its affiliates ("Transamerica") acquired Mercer HR's US defined contribution administration book of business, and became the new recordkeeper for the Plan.

The litigation settlement as disclosed in Note 11, net of fees and expenses, was distributed amongst the Plans in accordance with the Plan of Allocation approved by the Court in March 2016 and the Plan received $2,581.626.

15. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2015	**2014**
Net assets available for benefits per the financial statements	$ 73,117,332	$ 78,079,783
Add: Adjustment from contract value to fair value for fully benefit-responsive investment contracts	-	166,267
Net assets available for benefits per Form 5500	$ 73,117,332	$ 78,246,050

The following is a reconciliation of total additions per the financial statements to the Form 5500:

	Year Ended December 31, 2015
Total additions per the financial statements	$ 6,859,240
Less: Changes in adjustment from contract value to fair value for fully benefit-responsive investment contracts	166,267
Total additions per Form 5500	$ 6,692,973

The following is a reconciliation of the net increase on the Statement of Changes in Net Assets Available for Benefits per the financial statements to the Form 5500:

	Year Ended December 31, 2015
Net decrease per the financial statements	$ (4,962,451)
Add: Transfers from Plan	54,228
Subtract: Transfers to Plan	3,485
Subtract: Changes in adjustment from contract value to fair value for fully benefit-responsive investment contracts	166,267
Net decrease per Form 5500	$ (5,077,975)

American General Agents' and Managers' Thrift Plan
Form 5500, Schedule H - Part IV, Line 4i
Schedule of Assets (Held at End of Year) ***
December 31, 2015

	Issue	Description	Cost **	Value	
*	AIG Master Trust	Master Trust		$ 17,134,209	***
*	AIG Warrants	Warrants		162,644	***
	Harding Loevner International Equity Collective Investment Trust	Common Collective Trust Fund		733,849	***
	Baron Small Cap Fund Instl Shares	Equity Mutual Fund		1,461,923	***
	DFA U.S. Small Cap Value Portfolio	Equity Mutual Fund		2,107,996	***
	MFS Value Fund R5	Growth Mutual Fund		2,062,761	***
	Vanguard PRIMECAP Fund Admiral Shares	Equity Mutual Fund		13,144,341	***
	Vanguard Extended Market Index Fund	Index Mutual Fund		1,530,485	***
	Vanguard FTSE All World ex-US Index Fund Instl Shares	International Equity Mutual Fund		1,771,419	***
	Vanguard Prime Money Market Fund Instl Shares	Fixed Income Mutual Fund		7,279,547	***
	Vanguard Total Bond Market Index Fund Instl Plus Shares	Fixed Income Mutual Fund		2,891,074	***
	Vanguard Wellington Fund Admiral Shares	Balanced Mutual Fund		5,473,348	***
	Vanguard Target Retirement Income Trust Plus	Common Collective Trust Fund		317,927	***
	Vanguard Target Retirement 2010 Trust Plus	Common Collective Trust Fund		242,856	***
	Vanguard Target Retirement 2015 Trust Plus	Common Collective Trust Fund		1,104,267	***
	Vanguard Target Retirement 2020 Trust Plus	Common Collective Trust Fund		1,224,222	***
	Vanguard Target Retirement 2025 Trust Plus	Common Collective Trust Fund		766,815	***
	Vanguard Target Retirement 2030 Trust Plus	Common Collective Trust Fund		545,576	***
	Vanguard Target Retirement 2035 Trust Plus	Common Collective Trust Fund		465,847	***
	Vanguard Target Retirement 2040 Trust Plus	Common Collective Trust Fund		163,465	***
	Vanguard Target Retirement 2045 Trust Plus	Common Collective Trust Fund		363,200	***
	Vanguard Target Retirement 2050 Trust Plus	Common Collective Trust Fund		214,102	***
	Vanguard Target Retirement 2055 Trust Plus	Common Collective Trust Fund		305,538	***
	Vanguard Target Retirement 2060 Trust Plus	Common Collective Trust Fund		109,209	***
	Vanguard Institutional Index Fund Instl Plus shares	Index Mutual Fund		7,316,466	***
	Total Investments			68,893,086	
*	Loans receivable from participants	Loans issued at interest rates of 3.25%, maturity dates ranging from January 2016 to April 2030		1,645,145	***
	Total			$ 70,538,231	

* Party-in-interest.

** Cost is not required for participant directed investments.

*** These investments were derived from information certified by Mercer Trust Company, the trustee, as complete and accurate.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection**

For calendar plan year 2015 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l		

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **(2)** EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a				
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b				

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c				
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d				
e	Was this plan covered by a fidelity bond?	4e				
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f				
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g				
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h				
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i				
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j				
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k				
l	Has the plan failed to provide any benefit when due under the plan?	4l				
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☐ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN **EIN:** 13-2592361
Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP, INC. **PN:** 006

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD WELLINGTON FUND	MUTUAL FUND		5,473,348
	DFA U.S. SMALL CAP VAL PORTFOLIO	MUTUAL FUND		2,107,996
	BARON SMALL CAP FUND	MUTUAL FUND		1,461,923
	MFS VALUE FUND R5	MUTUAL FUND		2,062,761
	VANGUARD EXTEND MARKET INDEX FUND	MUTUAL FUND		1,530,485
	VANGUARD FTSE ALL-WLD EX-US IND FD	MUTUAL FUND		1,771,419
	VANGUARD PRIMECAP FUND	MUTUAL FUND		13,144,341

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN **EIN:** 13-2592361
Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP, INC. **PN:** 006

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD INSTITUTIONAL INDEX FUND	MUTUAL FUND		7,316,466
	VANGUARD PRIME MONEY MARKET FUND	MUTUAL FUND		7,279,547
	VANGUARD TOTAL BOND MARKET IND FD	MUTUAL FUND		2,891,074
	HRC INTERNATIONAL EQUITY CIT	COMMON/COLLECTIVE TRUST		733,849
	VANGUARD TGT RETIREMENT 2010 PLUS	COMMON/COLLECTIVE TRUST		242,856
	VANGUARD TGT RETIREMENT 2015 PLUS	COMMON/COLLECTIVE TRUST		1,104,267
	VANGUARD TGT RETIREMENT 2020 PLUS	COMMON/COLLECTIVE TRUST		1,224,222

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN **EIN:** 13-2592361
Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP, INC. **PN:** 006

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TGT RETIREMENT 2025 PLUS	COMMON/COLLECTIVE TRUST		766,815
	VANGUARD TGT RETIREMENT 2030 PLUS	COMMON/COLLECTIVE TRUST		545,576
	VANGUARD TGT RETIREMENT 2035 PLUS	COMMON/COLLECTIVE TRUST		465,847
	VANGUARD TGT RETIREMENT 2040 PLUS	COMMON/COLLECTIVE TRUST		163,465
	VANGUARD TGT RETIREMENT 2045 PLUS	COMMON/COLLECTIVE TRUST		363,200
	VANGUARD TGT RETIREMENT 2050 PLUS	COMMON/COLLECTIVE TRUST		214,102
	VANGUARD TGT RETIREMENT 2055 PLUS	COMMON/COLLECTIVE TRUST		305,538

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN GENERAL AGENTS' & MANAGERS' THRIFT PLAN **EIN:** 13-2592361
Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP, INC. **PN:** 006

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TGT RETIREMENT 2060 PLUS	COMMON/COLLECTIVE TRUST		109,209
	VANGUARD TGT RET INCOME TRUST PLUS	COMMON/COLLECTIVE TRUST		317,927
*	AIG MASTER TRUST	MASTER TRUST		17,134,209
*	LOAN FUND	PARTICIPANT LOANS		1,645,145
*	AIG WARRANT FUND	EMPLOYER STOCK		162,644