

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
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.)	
	☒ 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:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN</u>	1b	Three-digit plan number (PN) <u>003</u>
		1c	Effective date of plan <u>04/01/1985</u>
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) <u>AMERICAN INTERNATIONAL GROUP INC</u> <u>175 WATER STREET</u> <u>21ST FLOOR</u> <u>NEW YORK, NY 10038</u>	2b	Employer Identification Number (EIN) <u>13-2592361</u>
		2c	Plan Sponsor's telephone number <u>212-770-7000</u>
		2d	Business code (see instructions) <u>524140</u>

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.	10/16/2017	JUSTIN ORLANDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	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 43828
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) 27720
a(2) Total number of active participants at the end of the plan year	6a(2) 24084
b Retired or separated participants receiving benefits.....	6b 1045
c Other retired or separated participants entitled to future benefits	6c 26742
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 51871
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 49
f Total. Add lines 6d and 6e	6f 51920
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 51708
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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 2S 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
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)
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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)..... ☒ 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 disclosures 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	
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

HRD FUNDS CIT

P.O.BOX 7466
CHICAGO, IL 60680

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

MASSACHUSETTS FINANCIAL SERV.

500 BOYLESTON STREET
BOSTON, MA 02116-3741

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

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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)

FINANCIAL ENGINES

1804 EMBARCADERO ROAD
PALO ALTO, CA 94303

(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?
26 50	INVESTMENT ADVISOR	1256141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062-1584

(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/T RUSTEE	600470	Yes ☒ No ☐	Yes ☐ No ☒	347903	Yes ☐ No ☒

(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	185955	Yes ☐ No ☒	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)

PRICEWATERHOUSECOOPERS, LLP

P.O. BOX 7247-8001
PHILADELPHIA, PA 19170

(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?
10 50	AUDITOR	169161	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INVESTMENT

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	114333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALSTON & BIRD LLP

58-0137615

(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	23787	Yes ☐ No ☒	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)

DATA POINT ANALYSIS GROUP LLC

3301 KERNER BLVD
SAN RAFAEL, CA 94901

(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 16	NONE	15750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IVINS PHILLIPS & BARKER

1700 PENNSYLVANIA AVE NW
SUITE #600
WASHINGTON, DC 20006

(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	7830	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 ☐

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, LLC		15 38 59 60	83387
(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, LLC		15 62	9288
(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.	
WELLS FARGO, N.A. 90 S 7TH ST 7TH FLOOR MINNEAPOLIS, MN 55402-3903		FLOAT REVENUE	

(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, LLC		15 38 49 64 65 99	255227
(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.	
FINANCIAL ENGINES 1804 EMBARCADERO ROAD PALO ALTO, CA 94303		VARIOUS ADMINISTRATIVE SERVICE FEES	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width:20%; padding: 5px; text-align: center;"> <u>003</u> </td> </tr> <tr style="background-color: #f2f2f2;"> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>003</u>		
B Three-digit plan number (PN) ►	<u>003</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN INTERNATIONAL GROUP INC</u>	D Employer Identification Number (EIN) <u>13-2592361</u>				

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:	<u>VANGUARD TGT RET INCOME TRUST PLUS</u>
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>
c EIN-PN <u>90-0735883-001</u>	d Entity code <u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29968022</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TGT RETIREMENT 2010 PLUS</u>
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>
c EIN-PN <u>90-0735886-001</u>	d Entity code <u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5772188</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TGT RETIREMENT 2015 PLUS</u>
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>
c EIN-PN <u>90-0735891-001</u>	d Entity code <u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30136748</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TGT RETIREMENT 2020 PLUS</u>
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>
c EIN-PN <u>90-0735899-001</u>	d Entity code <u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68807868</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TGT RETIREMENT 2025 PLUS</u>
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>
c EIN-PN <u>90-0735963-001</u>	d Entity code <u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>83306348</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TGT RETIREMENT 2030 PLUS</u>
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>
c EIN-PN <u>90-0735964-001</u>	d Entity code <u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>84358898</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TGT RETIREMENT 2035 PLUS</u>
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>
c EIN-PN <u>90-0735965-001</u>	d Entity code <u>C</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93996315</u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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) 75804231
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) 72814140
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) 48316678
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) 24591703
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) 10609233
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) 63072218
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 13-2592361-007	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 486349242
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE CIT		
b Name of sponsor of entity listed in (a): MASSACHUSETTS FINANCIAL SERVICES		
c EIN-PN 41-0449260-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284295618
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL INDEX TRUST		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6327546-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 854663604
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL TOTAL BOND M		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6321044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 275540585

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL EXTENDED MAR

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

c EIN-PN 81-6324211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262866506
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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**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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
A Name of plan AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN	B Three-digit plan number (PN) ► 003
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	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost		(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost		(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost		(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost		(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost		(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost		(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
GALLIARD CAPITAL MANAGEMENT, INC.	INVESTMENT MANAGER	POTENTIAL VIOLATION OF ERISA SECTION 406(B)(1) INVOLVING AN EXTENSION OF CREDIT AS A RESULT OF BOND PURCHASE	546748		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	546748	0	18787

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN INTERNATIONAL GROUP INC</u>	D Employer Identification Number (EIN) <u>13-2592361</u>	

Part I	Asset and Liability Statement
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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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	13695678	8804974
(2) Participant contributions	1b(2)	4977129	29234
(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)	64300951	59577986
(9) Value of interest in common/collective trusts	1c(9)	555338316	2368920903
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	450961440	486349242
(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)	3185580060	1790261565
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	23212656	136879

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	2927348	2403686
(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	4300993578	4716484469

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	218136	223052
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	218136	223052

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4300775442	4716261417
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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)	234998860	
(B) Participants	2a(1)(B)	207823678	
(C) Others (including rollovers)	2a(1)(C)	22355586	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		465178124
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)	2052534	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2052534
(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)	78004550	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		78004550
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	374892	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	440245	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-65353
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	13783	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		13783

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		227409453
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		8662661
(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)		87444644
c Other income.....	2c		115032
d Total income. Add all income amounts in column (b) and enter total.....	2d		868815428

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	459750984	
(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)		459750984
f Corrective distributions (see instructions)	2f		51685
g Certain deemed distributions of participant loans (see instructions)	2g		2219139
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	205231	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	349816	
(4) Other	2i(4)	1951167	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2506214
j Total expenses. Add all expense amounts in column (b) and enter total	2j		464528022

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		404287406
l Transfers of assets:			
(1) To this plan.....	2l(1)		70212942
(2) From this plan.....	2l(2)		59014373

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: 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:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	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		546748
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 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
ADVISORS GROUP, INC. 401K PLAN	86-0623854	001

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN INTERNATIONAL GROUP INC</u>	D Employer Identification Number (EIN) <u>13-2592361</u>

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	<u>0</u>
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): <u>20-2020334</u>		
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 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
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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
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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
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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
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	



Report of Independent Auditors

To the Administrator of American International Group, Inc. Incentive Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American International Group, Inc. Incentive Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodians as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee and custodians 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 schedules of non-exempt transactions for the year ended December 31, 2016 and assets (held at end of year) as of December 31, 2016 are required by the Department of Labor's Rules and



Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, other than that derived from the information certified by the trustee and custodians, 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 12, 2017

**American International
Group, Inc.**

Incentive Savings Plan

**Financial Statements and Supplemental Schedules
December 31, 2016 and 2015**

American International Group, Inc. Incentive Savings Plan

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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 International Group, Inc. Incentive Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American International Group, Inc. Incentive Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodians as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee and custodians 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 schedules of non-exempt transactions for the year ended December 31, 2016 and assets (held at end of year) as of December 31, 2016 are required by the Department of Labor's Rules and



Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, other than that derived from the information certified by the trustee and custodians, 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 12, 2017

American International Group, Inc. Incentive Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Assets		
Investments, at fair value (see Note 4)		
Mutual funds	\$ 1,790,261,565	\$ 3,185,580,060
Common collective trust funds	2,368,920,903	555,338,316
AIG warrant fund	2,403,686	2,927,348
AIG Master Trust (see Note 5)	486,349,242	450,961,440
Total Investments, at fair value	<u>4,647,935,396</u>	<u>4,194,807,164</u>
Receivables		
Participant contributions	29,234	4,977,129
Employer contribution	8,804,974	13,695,678
Loans receivable from participants	59,577,986	64,300,951
Litigation settlement (see Note 11)		23,090,410
Total receivables	<u>68,412,194</u>	<u>106,064,168</u>
Prepaid expense	<u>136,879</u>	<u>122,246</u>
Total assets	<u>4,716,484,469</u>	<u>4,300,993,578</u>
Liabilities		
Payable for trustee and administrative fees	<u>223,052</u>	<u>218,136</u>
Total liabilities	<u>223,052</u>	<u>218,136</u>
Net assets available for benefits	<u><u>\$ 4,716,261,417</u></u>	<u><u>\$ 4,300,775,442</u></u>

See accompanying notes to the financial statements.

American International Group, Inc. Incentive Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2016

	<u>2016</u>
Additions to net assets attributed to	
Investment income	
Net appreciation/(depreciation) in fair value of investments	\$ 314,802,527
Interest in AIG Master Trust	8,662,661
Dividend income	<u>78,004,550</u>
Net investment income/(loss)	<u>401,469,738</u>
Interest income from participant loans	<u>2,052,534</u>
Contributions	
Participants	207,823,678
Employer	234,998,860
Rollovers	<u>22,355,586</u>
Total contributions	<u>465,178,124</u>
Other additions	<u>115,032</u>
Total additions to net assets before transfers	<u>868,815,428</u>
AGLA Thrift transfers in (See Note 12)	<u>70,212,942</u>
Total additions to net assets after transfers	<u>939,028,370</u>
Deductions from net assets attributed to	
Distributions paid to participants	462,021,808
Administrative expenses	1,101,374
Fees paid by participants	1,276,546
Other deductions	<u>128,294</u>
Total deductions from net assets	<u>464,528,022</u>
Net increase	<u>474,500,348</u>
Advisor Group Plan transfer out (see Note 12)	<u>59,014,373</u>
Net increase after transfer	415,485,975
Net assets available for benefits at	
Beginning of year	<u>4,300,775,442</u>
End of year	<u>\$ 4,716,261,417</u>

See accompanying notes to the financial statements.

American International Group, Inc. Incentive Savings Plan

Notes to Financial Statements

December 31, 2016

1. Description of the Plan

The following description of the American International Group, Inc. Incentive Savings 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 April 1, 1985 and was most recently restated as of January 1, 2016 and has been subsequently amended.

The Plan is a defined contribution 401(k) plan with matching contributions. For 2016, the Plan satisfies nondiscrimination testing requirements under Sections 401(k)(3) and 401(m) 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, as amended (“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”), whose members are appointed by the CMRC, 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 also 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.

All salaried employees of AIG and certain of its subsidiaries and affiliates regularly employed in the United States (including certain U.S. citizens employed abroad on a U.S. dollar payroll), along with certain hourly employees of Mount Mansfield Company, are eligible to enroll in the Plan as soon as administratively feasible following an employee’s date of hire.

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, although the Plan will continue to be administered through Mercer’s recordkeeping and administration system(s) through November 1, 2017, at which point the Plan will transition to Transamerica’s recordkeeping and administration systems. The recordkeeper of the Plan for 2015 was Mercer HR Services, LLC (“Mercer HR”). The main custodian and Trustee of the Plan for 2016 and 2015 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. Effective August 1, 2015, participants had 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.

Participant Accounts

Each participant’s Plan account is credited with his/her employee contributions, the associated Company matching contributions, loan repayments and a non-elective, non-discretionary Company

American International Group, Inc. Incentive Savings Plan

Notes to Financial Statements

December 31, 2016

contribution of 3% of eligible compensation, plus an allocation of the investment income and/or (loss) and certain expenses, where applicable. The Plan benefit to which a participant is entitled is the amount of the participant's vested Plan account balance.

Contributions and Vesting

The Plan provides employees the opportunity to voluntarily contribute, on a pre-tax and/or Roth after-tax basis, an amount from one to fifty percent of their Plan eligible compensation, which is generally defined as base salary, commissions, overtime pay and annual short term incentive awards; provided however, that no such contribution can exceed the maximum IRS employee deferral/contribution limit applicable for such year. The Plan permits acceptance of lump-sum rollover contributions from a qualified plan of a prior employer or other Plan as deemed acceptable under the terms of the Plan. Newly hired or re-hired employees are automatically enrolled in the Plan at a 3% pre-tax contribution rate that will increase (escalate) by 1% each subsequent calendar year until a 6% pre-tax contribution rate is attained. Automatic enrollment into the Plan begins sixty (60) days from an employee's date of hire or re-hire. During this sixty (60) day period, employees have the right to "opt-out" and forgo automatic enrollment into the Plan. In addition, participants who are not enrolled in the 1% automatic escalation feature noted above may elect voluntary "Auto-Escalation," which provides for automatic annual pre-tax increases of 1%, 2% or 3% to their savings rates up to 6%.

The Company matches 100% of the first 6% of eligible compensation contributed by a participant on a pre-tax and/or Roth after-tax basis and also provides a non-elective, non-discretionary Company contribution of 3% of eligible compensation up to the Internal Revenue Service ("IRS") maximum employee compensation limit; a company-match true-up provision is also in effect as described below. There is no Company match provided on rollover contributions.

Amounts allocated to a participant's Plan account, regardless of the source, immediately vest.

For 2016, pursuant to Internal Revenue Service rules, the total amount of a participant's pre-tax 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 Plan year are provided an opportunity to contribute an additional \$6,000 in pre-tax and/or Roth after-tax age 50 catch-up contributions. These age 50 catch-up contributions are not eligible for Company matching contributions.

True-up provision

Company match true-up contributions, which are determined on an annual Plan year basis, are made to employees who, during the Plan year, do not receive the maximum Company matching contribution permissible under the terms of the Plan because of the contribution percentage they select combined with the timing of their employee contributions. During 2017 and 2016, the Company made true-up contributions into employee Plan accounts totaling \$8,899,835 and \$10,140,890, for Plan years' 2016 and 2015, respectively.

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

American International Group, Inc. Incentive Savings Plan

Notes to Financial Statements

December 31, 2016

investment alternative, the Vanguard Target Retirement Date Fund (“Trust Plus” share class) 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 Federal 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 Federal 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 investors 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 Federal Money Market Fund.

Distributions

An employee can withdraw the vested portion of his or her Plan account upon termination of employment, retirement or death. In-service withdrawals are permitted due to financial hardship, or disability. At age 59-1/2 or older, employees may make up to two withdrawals per calendar year of their 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, can elect to receive partial distributions 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.

Spousal beneficiaries may leave their account in the Plan until the later of December 31 of the calendar year following the calendar year in which the Plan participant dies, or December 31 of the calendar year following the calendar year in which the Plan participant would have attained age 70-1/2. A non-spousal beneficiary is eligible either to receive a lump sum distribution equal to the full value of an account held by the Plan participant who dies, or to roll over a distribution, but only to an inherited individual retirement account or an individual retirement annuity; but in either event, amounts must be distributed by December 31 of the calendar year following the calendar year the Plan participant dies. Funds taken out of the Plan (including pre-tax funds or earnings on pre-tax and after-tax funds) and not reinvested into another qualified plan or an individual retirement account subject the employee to income tax and, depending on the Plan participant’s age at distribution, may be subject to a 10% penalty tax. Participants requesting distributions from amounts invested in the Stock Fund and/or the AIG Warrant Fund may elect to receive the total in cash, in shares of AIG common stock, AIG warrants or in some combination of cash, shares and warrants. Fractional shares will be distributed in cash.

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Participant Loans

The Plan has a general loan provision which enables employees who have a Plan account balance of at least \$2,000 to borrow up to 50% of the value of their vested accounts, except that no loans will be made for less than \$1,000 or more than \$50,000. General purpose loans are granted for a period not to exceed five years. A second loan option is 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 and one primary residence 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, 2016 have been issued at interest rates between 3.25% and 8.60% and maturities range from January 2017 to December 2031. Loan repayments by participants who are employed by the Company including principal and interest are generally made through after-tax payroll deductions or ACH payments from an employee's personal, U.S. bank account. Manual loan repayments by participants who are no longer employed by the Company are submitted directly to the Plan.

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

Effective January 1, 2012, employees are fully vested at all times in amounts allocated to their accounts. Prior to January 1, 2012, participants terminating employment forfeited their non-vested Company 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 were available to reduce future Company contributions and administrative expenses. Participants who terminated and were reemployed with the Company before incurring five consecutive one-year breaks in service were 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 \$1,288,126 and \$1,246,728 at December 31, 2016 and 2015, respectively. In 2016, forfeited contributions of \$1,111,091 were used to pay administrative expenses of the Plan.

American International Group, Inc. Incentive Savings Plan

Notes to Financial Statements

December 31, 2016

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

Employee Benefit Plan Interests in Master Trusts

In February 2017, the FASB issued final guidance intended to reduce diversity and improve the usefulness of information provided by employee benefit plans that hold interest in master trusts. Under the new guidance, a plan's interests in master trust balances and activities need to be presented on the face of the plan's financial statements. Balances in the statement of net assets and activities in the statement of changes in net assets should be shown net, as a single line item for each interest in a

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master trust. The new guidance also requires the following disclosures: the master trust's investments by general type and the dollar amount of the plan's interest in each type of investment; and the master trust's other assets and liabilities on a gross basis and the dollar amount of the plan's interest in each balance. Upon adoption of the new guidance, plans with a divided interest in a master trust will no longer need to disclose the plan's overall percentage interest in the trust. The revised guidance is effective for the Plan's fiscal years beginning after December 15, 2018 and needs to be applied retrospectively, with early application permitted. The Plan's management does not expect the adoption of the revised guidance to 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 and is currently evaluating the impact of the standard on the Plan's Financial Statement disclosures.

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,	
	2016	2015
Investments, at fair value	<u>\$ 4,647,935,396</u>	<u>\$ 4,194,807,164</u>
Loans receivable from participants	<u>\$ 59,577,986</u>	<u>\$ 64,300,951</u>
Net investment income	<u>\$ 401,469,738</u>	
Interest income from participant loans	<u>\$ 2,052,534</u>	

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.

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- 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. Each common collective trust fund provides for daily redemptions by the Plan at reported net asset values per share, with no significant restrictions. These investments do not have unfunded commitments.

AIG Warrant Fund

The AIG Warrant Fund is valued at NAV of the underlying warrants 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 AIG Warrant Fund is frozen and Plan participants cannot redeem the underlying warrants. The Warrant Fund provides for daily redemptions by the Plan at reported net asset values per share, with no significant restrictions. These investments do not have unfunded commitments.

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Investments at Fair Value by Level

The following tables present information about the Plan's investments measured at fair value and indicates the level of the fair value measurement based on the observability of the inputs used at December 31, 2016 and 2015, respectively.

	2016			
	Level 1	Level 2	Level 3	Total
Assets				
Mutual Funds	\$ 1,790,261,565	\$ -	\$ -	\$ 1,790,261,565
Total Investments	<u>\$ 1,790,261,565</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,790,261,565</u>
Other Investments Measured at Net Asset Value				
Common Collective Trust				2,368,920,903
AIG Warrant Fund				2,403,686
AIG Master Trust				486,349,242
Total Other Investments Measured at Net Asset Value				<u>\$ 2,857,673,831</u>
Total Investments at Fair Value				<u>\$ 4,647,935,396</u>

There were no transfers between Levels 1, 2 or 3 during the year ended December 31, 2016.

	2015			
	Level 1	Level 2	Level 3	Total
Assets				
Mutual Funds	\$ 3,185,580,060	\$ -	\$ -	\$ 3,185,580,060
Warrants	2,927,348	-	-	2,927,348
Total Investments	<u>\$ 3,188,507,408</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,188,507,408</u>
Other Investments Measured at Net Asset Value				
Common Collective Trust				555,338,316
AIG Master Trust				450,961,440
Total Other Investments Measured at Net Asset Value				<u>\$ 1,006,299,756</u>
Total Investments at Fair Value				<u>\$ 4,194,807,164</u>

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

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.

American International Group, Inc. Incentive Savings Plan
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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 2016 and 2015 are summarized below:

	2016		2015	
	AIG Stock Fund	AIG Stable Value Fund	AIG Stock Fund	AIG Stable Value Fund
American International Group, Inc. Incentive Savings Plan	99.89%	99.67%	94.63%	96.07%
American General Agents' and Managers' Thrift Plan	0.00%	0.00%	5.25%	3.60%
AIG Insurance Company-Puerto Rico Capital Growth Plan	0.11%	0.33%	0.12%	0.33%
	<u>100.00%</u>	<u>100.00%</u>	<u>100.00%</u>	<u>100.00%</u>

The following table presents the net assets of the AIG Master Trust as of December 31, 2016 and 2015:

	December 31,	
	2016	2015
AIG Stock Fund		
AIG common stock, at fair value	<u>\$12,547,735</u>	<u>\$14,077,066</u>
AIG Stable Value Fund		
Collective trusts, at contract value	34,441,629	52,574,011
Separate Account GIC, at contract value	104,037,271	98,881,421
Synthetic GIC, at contract value	<u>337,265,743</u>	<u>306,105,607</u>
Net investments Stable Value Fund	475,744,643	457,561,039
Liabilities	<u>(295,516)</u>	<u>(301,311)</u>
Net Assets Stable Value Fund	475,449,127	457,259,728
Total net assets AIG Master Trust	<u>\$487,996,862</u>	<u>\$471,336,794</u>
Plan Interest in AIG Master Trust	<u>\$486,349,242</u>	<u>\$450,961,440</u>

American International Group, Inc. Incentive Savings Plan
Notes to Financial Statements
December 31, 2016

The following are the changes in net assets for the AIG Master Trust for the years ended December 31, 2016 and 2015:

	For the year ended December 31,	
	2016	2015
Net appreciation in fair value of investments	\$1,391,872	\$2,223,412
Net investment income	7,341,474	6,477,383
Net transfers	7,926,722	(9,755,140)
Increase (decrease) in net assets	16,660,068	(1,054,345)
Net assets:		
Beginning of year	471,336,794	472,391,139
End of year	<u>\$487,996,862</u>	<u>\$471,336,794</u>

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

American International Group, Inc. Incentive Savings Plan

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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 July 11, 2014 (which superseded a prior determination letter dated March 20, 2014), stating that the Plan is qualified under the appropriate sections of the Code and, therefore, the related trust is exempt from taxation. The Plan was amended since receiving the first 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. The Plan Administrator filed on January 7, 2017 an application for a letter of determination for the Plan as amended and restated effective January 1, 2016. The IRS has not yet responded to the application.

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, 2016, 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 \$1,101,374 for the year ended December 31, 2016. Professional fees and all administrative expenses in excess of forfeited contributions used are paid by the Company.

8. Plan Termination

Although it has not expressed any intent to do so, 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.

9. Related Party Transactions

The Plan holds shares of AIG common stock. The Plan held 191,919 and 214,974 units of the Stock Fund with a fair value of \$12,534,257 and \$13,321,913 at December 31, 2016 and 2015, respectively. The Plan did not purchase any units of the Stock Fund during the years ended December 31, 2016 and 2015. Also, the Plan sold \$2,003,543 and \$1,931,080 of the Stock Fund during the years ended December 31, 2016 and 2015, respectively. The Plan received dividends of \$265,119 on the Stock Fund for the year ended December 31, 2016.

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.

American International Group, Inc. Incentive Savings Plan

Notes to Financial Statements

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Plan investments include units of the AIG Warrant Fund. The Plan held 101,667 and 114,040 units of the AIG Warrant Fund with a fair value of \$2,403,686 and \$2,927,348 at the years ended December 31, 2016 and 2015, respectively.

Additionally, for the Plan year ended December 31, 2016, the Company paid fees of \$2,074,424 to Mercer. These fees are calculated quarterly based on the number of plan participants.

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, 2016 and 2015, less than 1% of the Plan's total investments were invested in the Stock Fund. The value of the underlying Company 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.

American International Group, Inc. Incentive Savings Plan

Notes to Financial Statements

December 31, 2016

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 \$23,090,410 was allocated to the Plan.

In September 2016, the United States Second Circuit Court of Appeals found that the AIG ERISA retirement plans (i.e., the Plan, the AIG Retirement Plan, the American General Agents' and Managers' Thrift Plan and the AIG Insurance Company—Puerto Rico Capital Growth Plan; collectively, the "Plans")) were not "affiliates" of AIG, and therefore, were entitled to share in the settlement proceeds of the *In re American International Group, Inc. Securities Litigation Settlement* (the "Securities Litigation Settlement"). As a result of that decision, the Plans and Evercore Trust Company, N.A. (as the independent fiduciary of the Plans) entered into a settlement agreement (the "Rust Consulting Settlement") with the Lead Plaintiff on behalf of the Settlement Class in the Securities Litigation Settlement for the Plans to receive \$4,543,333.49 from the net settlement funds of the Securities Litigation Settlement. The Plan expects to receive \$1,672,433.92, and its allocable share, if any, of another \$1,596,598.56, from the net settlement funds of the Securities Litigation Settlement sometime in 2017 as a result of the Rust Consulting Settlement.

12. Transfers In/Out

On February 29, 2016 the American General Agents' and Managers' Thrift Plan ("AGLA Thrift") merged into the Plan and its assets were transferred to the Plan's Trust and AGLA Thrift participants became participants in the Plan.

On May 6, 2016 American General Life Insurance Company sold AIG Advisor Group, Inc. to unrelated third parties. In connection with the sales transaction, certain employees working for AIG Advisor Group, Inc. transferred to an operating entity owned by purchaser on October 7, 2016. The Plan Administrator conducted a trust-to-trust transfer and the full account balances in each Advisor Group employee's account under the Plan were transferred to the Trustee of the new 401(k) Plan established by the new entity.

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 changes were made during 2016:

Effective as of January 19, 2016:

- The Vanguard Institutional Index Fund was replaced by and had all assets mapped to the Vanguard Institutional Index Trust.
- The Vanguard Extended Market Index Fund was replaced by and had all assets mapped to the Vanguard Extended Market Index Fund (Institutional Plus share class).

American International Group, Inc. Incentive Savings Plan

Notes to Financial Statements

December 31, 2016

Effective as of June 6, 2016:

- The Vanguard Prime Money Market Fund was replaced by and had all assets mapped to the Vanguard Federal Money Market Fund.

Effective as of September 26, 2016:

- The Vanguard Extended Market Index Fund (Institutional Plus share class) was replaced by and had all assets mapped to the Vanguard Institutional Extended Market Index Trust.
- The Vanguard Baron Small Cap Fund was replaced by and had all assets mapped to the Vanguard Institutional Extended Market Index Trust.
- The Vanguard FTSE All-World ex-US Index Fund (Institutional Plus share class) was replaced by and had all assets mapped to the Vanguard Total International Stock Index Fund (Institutional Plus).
- The MFS Large Cap Value Fund (R5) was replaced by and had all assets mapped to the MFS Large Cap Value Trust.
- The Vanguard Total Bond Market Index Fund (Institutional Plus share class) was replaced by and had all assets mapped to the Vanguard Institutional Total Bond Market Index Trust.

14. Subsequent Events

The Plan's management evaluated subsequent events through October 12, 2017, 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.

After removing the safe harbor clause in the Plan to accommodate the merger of the AGLA Thrift into the Plan during 2016, the Plan was determined to once again be a "safe harbor" plan for 2017.

Effective November 1, 2017, the Plan will transition to Transamerica's recordkeeping and administration systems.

The Plan expects to receive \$1,672,433.92, and its allocable share, if any, of another \$1,596,598.56, from the net settlement funds of the Securities Litigation Settlement sometime in 2017 as a result of the Rust Consulting Settlement. Please see Note 11 above for more details.

American International Group, Inc. Incentive Savings Plan
Form 5500, Schedule G – Part III
Schedule of Non-Exempt Transactions
December 31, 2016

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Identify Party Involved	Relationship to plan, employer or party-in-interest	Description of transactions including maturity date, rate of interest, collateral, par or maturity date	Purchase Price	Selling Price	Lease Rental	Expenses incurred in connection with transaction	Cost of Asset	Current Value of Asset	Net gain or (loss) on each transaction
Galliard Capital Management, Inc.	Investment Manager	Potential violation of ERISA Section 406(b)(1) involving an extension of credit as a result of bond purchase	\$ 546,748	\$ -	n/a	n/a	\$ 546,748	n/a-securities were sold on 9/16/2016	\$ 18,787

American International Group, Inc. Incentive Savings Plan
Form 5500, Schedule H – Part IV, Line 4I
Schedule of Assets (Held at End of Year)
December 31, 2016

		Current	
Issue	Description	Cost **	Value
* AIG Master Trust	Master Trust		486,349,242 ***
* AIG Warrant Fund	Warrant Fund		2,403,686 ***
DFA U.S. Small Cap Value Portfolio	Equity Mutual Fund		173,013,535 ***
Vanguard PRIMECAP Fund Admiral Shares	Equity Mutual Fund		619,241,498 ***
Vanguard Wellington Fund Admiral Shares	Balanced Mutual Fund		528,919,211 ***
Vanguard Total International Stock Index Instl Plus	International Equity Mutual Fund		259,075,278 ***
Vanguard Federal Money Market Inv	Fixed Income Mutual Fund		210,012,043 ***
Vanguard Institutional Index Trust	Common Collective Trust Fund		854,663,604 ***
MFS Large Cap Value CIT	Common Collective Trust Fund		284,295,618 ***
Vanguard Institutional Total Bond Market Index Trust	Common Collective Trust Fund		275,540,585 ***
Harding Loevner International Equity Collective Investment Trust	Common Collective Trust Fund		63,072,218 ***
Vanguard Institutional Extended Market Index Trust	Common Collective Trust Fund		262,866,506 ***
Vanguard Target Retirement Income Trust Plus	Common Collective Trust Fund		29,968,022 ***
Vanguard Target Retirement 2010 Trust Plus	Common Collective Trust Fund		5,772,188 ***
Vanguard Target Retirement 2015 Trust Plus	Common Collective Trust Fund		30,136,748 ***
Vanguard Target Retirement 2020 Trust Plus	Common Collective Trust Fund		68,807,868 ***
Vanguard Target Retirement 2025 Trust Plus	Common Collective Trust Fund		83,306,348 ***
Vanguard Target Retirement 2030 Trust Plus	Common Collective Trust Fund		84,358,898 ***
Vanguard Target Retirement 2035 Trust Plus	Common Collective Trust Fund		93,996,315 ***
Vanguard Target Retirement 2040 Trust Plus	Common Collective Trust Fund		75,804,231 ***
Vanguard Target Retirement 2045 Trust Plus	Common Collective Trust Fund		72,814,140 ***
Vanguard Target Retirement 2050 Trust Plus	Common Collective Trust Fund		48,316,678 ***
Vanguard Target Retirement 2055 Trust Plus	Common Collective Trust Fund		24,591,703 ***
Vanguard Target Retirement 2060 Trust Plus	Common Collective Trust Fund		10,609,233 ***
Total Investments			4,647,935,396
* Loans receivable from participants	Loans issued at interest rates between 3.25% and 8.60% with maturity dates ranging from January 2017 to December 2031.		59,577,986 ***
Total			<u>\$ 4,707,513,382</u>
* 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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 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 through 1j)	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.

		(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:

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.).....

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.)

	Yes	No	Amount
4a			
4b			

	Yes	No	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 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN

EIN: 13-2592361

Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP INC

PN: 003

(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
	HRC INTL EQUITY CIT FND CL AIG	COMMON/COLLECTIVE TRUST		63,072,218
	VANGUARD WELLINGTON FUND	MUTUAL FUND		528,919,211
	DFA U.S. SMLL CAP VALUE PORTFOLIO	MUTUAL FUND		173,013,535
	VANGUARD INSTITUTIONAL EXTENDED	COMMON/COLLECTIVE TRUST		262,866,506
	VAN TTL INTL STK IDX INST PLUS	MUTUAL FUND		259,075,278
	MFS LARGE CAP VALUE CIT	COMMON/COLLECTIVE TRUST		284,295,618
	VANGUARD TARGET RETIREMENT 2050	COMMON/COLLECTIVE TRUST		48,316,678

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN
Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP INC

EIN: 13-2592361
PN: 003

(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 TARGET RETIREMENT 2055	COMMON/COLLECTIVE TRUST		24,591,703
	VANGUARD TARGET RETIREMENT 2060	COMMON/COLLECTIVE TRUST		10,609,233
	VANGUARD TARGET RETIREMENT INCOME	COMMON/COLLECTIVE TRUST		29,968,022
	VANGUARD TARGET RETIREMENT 2010	COMMON/COLLECTIVE TRUST		5,772,188
	VANGUARD TARGET RETIREMENT 2015	COMMON/COLLECTIVE TRUST		30,136,748
	VANGUARD TARGET RETIREMENT 2020	COMMON/COLLECTIVE TRUST		68,807,868
	VANGUARD TARGET RETIREMENT 2025	COMMON/COLLECTIVE TRUST		83,306,348

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN
Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP INC

EIN: 13-2592361
PN: 003

(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 TARGET RETIREMENT 2030	COMMON/COLLECTIVE TRUST		84,358,898
	VANGUARD TARGET RETIREMENT 2035	COMMON/COLLECTIVE TRUST		93,996,315
	VANGUARD TARGET RETIREMENT 2040	COMMON/COLLECTIVE TRUST		75,804,231
	VANGUARD TARGET RETIREMENT 2045	COMMON/COLLECTIVE TRUST		72,814,140
	VANGUARD INSTITUTIONAL INDEX	COMMON/COLLECTIVE TRUST		854,663,604
	VANGUARD PRIMECAP FUND	MUTUAL FUND		619,241,498
	VANGUARD INST TTL BND MRKT IDX	COMMON/COLLECTIVE TRUST		275,540,585

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN
Plan Sponsor's Name AMERICAN INTERNATIONAL GROUP INC

EIN: 13-2592361
PN: 003

(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 FEDERAL MONEY MARKET INV	MUTUAL FUND		210,012,043
*	AIG WARRANT FUND	EMPLOYER STOCK		2,403,686
*	AIG MASTER TRUST	MASTER TRUST		486,349,242
*	LOAN FUND	PARTICIPANT LOANS		59,577,986