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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>      |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                      |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information      |                                                                                      |                                                             |
| <b>1a</b> Name of plan<br><u>AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶                            | <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c</b> Effective date of plan<br><u>04/01/1985</u>               |                                                                                      |                                                             |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AMERICAN INTERNATIONAL GROUP, INC.</u><br><br><u>175 WATER STREET</u><br><u>21ST FLOOR</u><br><u>NEW YORK, NY 10038</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>13-2592361</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>212-770-7000</u>                     | <b>2d</b> Business code (see instructions)<br><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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2019 | JUSTIN ORLANDO                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2019 | KATHLEEN CARBONE                                             |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>AIG RETIREMENT BOARD<br>C/O JUSTIN ORLANDO<br>175 WATER STREET<br>NEW YORK, NY 10038                                                                                                                                                                     | <b>3b</b> Administrator's EIN<br>13-2592361<br><br><b>3c</b> Administrator's telephone number<br>212-770-6614 |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                        | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                       | <b>5</b> 43264                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                              |                                                                                                               |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                       | <b>6a(1)</b> 21441                                                                                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                             | <b>6a(2)</b> 20207                                                                                            |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                            | <b>6b</b> 1245                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                            | <b>6c</b> 20518                                                                                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                   | <b>6d</b> 41970                                                                                               |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                    | <b>6e</b> 342                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                       | <b>6f</b> 42312                                                                                               |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                               | <b>6g</b> 41995                                                                                               |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                    | <b>6h</b> 0                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                          | <b>7</b>                                                                                                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3F 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: |                                                                                                               |

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                              |                                                      |     |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018   |                                                      |     |
| A Name of plan<br>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<br>AMERICAN INTERNATIONAL GROUP, INC. | D Employer Identification Number (EIN)<br>13-2592361 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ 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 |
| TRANSAMERICA RETIREMENT SOLUTIONS                                                                          |
| 13-3689044                                                                                                 |

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

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

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

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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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | INVESTMENT ADVISOR                                                                                | 2109417                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORDKEEPER/T RUSTEE                                                                             | 197895                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 551921                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MERCER HR SERVICES, LLC

20-1932099

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 38 49 64<br>65 99   | RECORDKEEPER                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 104385                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

WILLIS MCDONALD CO. INC.

13-3460717

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | PRINTING SERVICES                                                                                 | 32121                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GROOM LAW GROUP, CHARTERED

52-1219029

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | LEGAL                                                                                             | 6495                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19                     | CUSTODIAN                                                                                         | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 7608                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 15 38 64 65                                                                                                                                                        | 551921                                    |
| (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<br>1804 EMBARCADERO ROAD<br>PALO ALTO, CA 94303   | VARIOUS SERVICES                                                                                                                                                   |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MERCER HR SERVICES, LLC                                             | 15 38 49 64 65 99                                                                                                                                                  | 104385                                    |
| (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<br>1804 EMBARCADERO ROAD<br>PALO ALTO, CA 94303   | VARIOUS SERVICES                                                                                                                                                   |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| STATE STREET                                                        | 19                                                                                                                                                                 | 7608                                      |
| (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. |                                           |
| TRANSAMERICA RETIREMENT SOLUTIONS<br><br>13-3689044                 | CUSTODIAL 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

|                                                                                           |                               |                                                                                                                      |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TGT RET INCOME TRUST PLUS</u>  |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>90-0735883-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35263059</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TGT RETIREMENT 2015 PLUS</u>   |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>90-0735891-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28855519</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TGT RETIREMENT 2020 PLUS</u>   |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>90-0735899-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>71586862</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TGT RETIREMENT 2025 PLUS</u>   |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>90-0735963-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100355284</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TGT RETIREMENT 2030 PLUS</u>   |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>90-0735964-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>111727994</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TGT RETIREMENT 2035 PLUS</u>   |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>90-0735965-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>122878200</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TGT RETIREMENT 2040 PLUS</u>   |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>90-0735971-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>101884297</u> |  |  |

|                                                                                    |                        |                                                                                                     |           |
|------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-----------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2045 PLUS   |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 90-0735972-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 103335373 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2050 PLUS   |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 90-0735976-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 77432845  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2055 PLUS   |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 90-0735978-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 41284697  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2060 PLUS   |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 45-3799736-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 19987577  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HARDING LOEVNER INT'L EQUITY CIT    |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): HARDING, LOEVNER FUNDS, INC.     |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 27-6075499-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 75326396  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE CIT             |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): MASSACHUSETTS FINANCIAL SERVICES |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 41-0449260-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 257900027 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL INDEX TRUST  |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 81-6327546-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 913247473 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL TOTAL BOND   |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 81-6321044-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 301386210 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL EXTENDED MKT |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 81-6324211-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 284947694 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TGT RETIREMENT 2065 PLUS   |                        |                                                                                                     |           |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                     |           |
| <b>c</b> EIN-PN 82-6204383-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 720123    |

**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)

460239179

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>2018</b>                                   |
|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>   |                                                                    |
| <b>A</b> Name of plan<br><b>AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN</b>                  | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>003</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMERICAN INTERNATIONAL GROUP, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-2592361</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 13678934              | 8300454         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 4275415               | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 3268848               | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 58066659              | 59093693        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 2799605782            | 2648119630      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 456998225             | 460239179       |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 2094349715            | 1953623812      |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 129929                | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5430373507            | 5129376268      |

**Liabilities**

|                                                                           |           |      |     |
|---------------------------------------------------------------------------|-----------|------|-----|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |     |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 1003 | 0   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |     |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0    | 500 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 1003 | 500 |

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5430372504 | 5129376268 |
|-----------------------------------------------------------|-----------|------------|------------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 203815560  |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 182284244  |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 19223830   |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 405323634 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 2298765    |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2298765   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 41048541   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 41048541  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total  |
|------------------------------------------------------------------------------------------------|--------|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | -166080585 |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |            |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 5952244    |
| (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) |            | -150456272 |
| c Other income.....                                                                            | 2c     |            | 552486     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 138638813  |

**Expenses**

|                                                                                      |       |           |           |
|--------------------------------------------------------------------------------------|-------|-----------|-----------|
| e Benefit payment and payments to provide benefits:                                  |       |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 436979970 |           |
| (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) |           | 436979970 |
| f Corrective distributions (see instructions) .....                                  | 2f    |           | 35670     |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |           | 270788    |
| h Interest expense.....                                                              | 2h    |           |           |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 7095      |           |
| (2) Contract administrator fees.....                                                 | 2i(2) |           |           |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 2112012   |           |
| (4) Other .....                                                                      | 2i(4) | 229514    |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |           | 2348621   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |           | 439635049 |

**Net Income and Reconciliation**

|                                                          |       |  |            |
|----------------------------------------------------------|-------|--|------------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -300996236 |
| 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: 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    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------|
| <b>c</b> 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.) .....                                          |     | X  |           |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>d</b> 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.) .....                               |     | X  |           |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 100000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 100000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |           |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>g</b> 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? .....                                                    |     | X  |           |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>h</b> 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? .....                                          |     | X  |           |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |           |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |           |
| <b>j</b> 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.) ..... |     | X  |           |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |           |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |           |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |           |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |           |
| <b>n</b> 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. ....                                      |     | X  |           |
| <b>4n</b>                                                                                                                                                                                                                     |     | X  |           |

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

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3689044</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_ % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**American International  
Group, Inc.**

**Incentive Savings Plan**

**Financial Statements and Supplemental Schedule  
December 31, 2018 and 2017**

# American International Group, Inc. Incentive Savings Plan

## Index

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|                                                                                                                                                                                                                                                        | Page(s) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Report of Independent Auditors</b> .....                                                                                                                                                                                                            | 1-2     |
| <b>Financial Statements</b>                                                                                                                                                                                                                            |         |
| Statements of Net Assets Available for Benefits<br>as of December 31, 2018 and 2017.....                                                                                                                                                               | 3       |
| Statement of Changes in Net Assets Available for Benefits<br>for the year ended December 31, 2018.....                                                                                                                                                 | 4       |
| Notes to Financial Statements<br>December 31, 2018 .....                                                                                                                                                                                               | 5-17    |
| <b>Supplemental Schedule</b>                                                                                                                                                                                                                           |         |
| Form 5500, Schedule H, Part IV, Line 4i<br>Schedule of Assets (Held at End of Year)<br>December 31, 2018 .....                                                                                                                                         | 18      |
| 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, 2018 and December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 State Street Bank and Trust Company, the Custodian of the Plan, and Wells Fargo Bank, N.A., the Custodian of the Galliard 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 Custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the Custodians as of December 31, 2018 and December 31, 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the Custodians is complete and accurate.

### ***Disclaimer of Opinion***

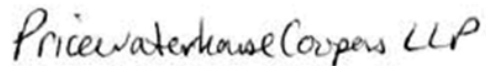
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

***Other Matter***

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.

A handwritten signature in dark ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

New York, New York  
October 14, 2019

**American International Group, Inc. Incentive Savings Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2018 and 2017**

---

|                                             | <u>2018</u>             | <u>2017</u>             |
|---------------------------------------------|-------------------------|-------------------------|
| <b>Assets</b>                               |                         |                         |
| Investments, at fair value (see Note 4)     |                         |                         |
| Mutual funds                                | \$ 1,953,623,812        | \$ 2,094,349,715        |
| Common collective trust funds               | 2,648,119,630           | 2,799,605,782           |
| AIG Master Trust (see Note 5)               | 460,239,179             | 456,998,225             |
| Total investments, at fair value            | <u>5,061,982,621</u>    | <u>5,350,953,722</u>    |
| Receivables                                 |                         |                         |
| Participant contributions                   | -                       | 4,275,415               |
| Employer contribution                       | 8,300,454               | 13,678,934              |
| Loans receivable from participants          | 59,093,693              | 58,066,659              |
| Litigation settlement (see Note 11)         | -                       | 3,268,848               |
| Total receivables                           | <u>67,394,147</u>       | <u>79,289,856</u>       |
| Prepaid expense                             | -                       | 129,929                 |
| Total assets                                | <u>5,129,376,768</u>    | <u>5,430,373,507</u>    |
| <b>Liabilities</b>                          |                         |                         |
| Payable for trustee and administrative fees | 500                     | 1,003                   |
| Total liabilities                           | <u>500</u>              | <u>1,003</u>            |
| <b>Net assets available for benefits</b>    | <u>\$ 5,129,376,268</u> | <u>\$ 5,430,372,504</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, 2018**

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|                                                              | <u>2018</u>             |
|--------------------------------------------------------------|-------------------------|
| <b>Additions to net assets attributed to</b>                 |                         |
| Investment income                                            |                         |
| Net appreciation/(depreciation) in fair value of investments | \$ (316,536,857)        |
| Interest in AIG Master Trust                                 | 5,952,244               |
| Dividend income                                              | <u>41,048,541</u>       |
| Net investment income/(loss)                                 | <u>(269,536,072)</u>    |
| Interest income from participant loans                       | <u>2,298,765</u>        |
| Contributions                                                |                         |
| Participants                                                 | 182,284,244             |
| Employer                                                     | 203,815,560             |
| Rollovers                                                    | <u>19,223,830</u>       |
| Total contributions                                          | <u>405,323,634</u>      |
| Other income                                                 |                         |
| Litigation settlement (see Note 11)                          | <u>552,486</u>          |
| Total additions to net assets                                | <u>138,638,813</u>      |
| <b>Deductions from net assets attributed to</b>              |                         |
| Distributions paid to participants                           | 437,286,428             |
| Administrative expenses                                      | 171,238                 |
| Fees paid by participants                                    | <u>2,177,383</u>        |
| Total deductions from net assets                             | <u>439,635,049</u>      |
| Net increase/(decrease)                                      | <u>(300,996,236)</u>    |
| <b>Net assets available for benefits:</b>                    |                         |
| Beginning of year                                            | <u>5,430,372,504</u>    |
| End of year                                                  | <u>\$ 5,129,376,268</u> |

*See accompanying notes to the financial statements.*

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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### 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. The Plan Administrator is the AIG Retirement Board (the “Board”).

#### **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 2018, the Plan satisfies the safe harbor rule under Section 401(k)(12) of the Internal Revenue Code of 1986, as amended (the “Code”), and thus is not subject to nondiscrimination testing. The Plan satisfies nondiscrimination testing requirements under Code Section 401(k)(12) 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 CMRC delegates the routine administration of the Plan to the Board. The Board, whose members are appointed by the CMRC, 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), 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. The Plan continued to be administered through Mercer’s recordkeeping and administration system(s) through November 1, 2017 at which point the Plan transitioned to Transamerica’s recordkeeping and administration systems. The recordkeeper of the Plan through October 31, 2017 was Mercer HR Services, LLC (“Mercer HR”). The main custodian and trustee of the Plan through October 31, 2017 was Mercer Trust Company (“Mercer Trust Co.”) (collectively, “Mercer”).

Effective November 1, 2017 the main custodian and trustee of the Plan was State Street Bank and Trust Company (“State Street Bank”). Effective November 1, 2017, the trustee of the AIG Master Trust is Massachusetts Fidelity Trust Co. The AIG Master Trust holds the Galliard Stable Value Fund (the “Stable Value Fund”), the AIG Stock Fund (the “Stock Fund”) and the AIG Warrant Fund (the “Warrant Fund”). The custodian of the Stable Value Fund is Wells Fargo Bank, N.A. The custodian of the Stock Fund and Warrant Fund is State Street Bank.

Effective August 1, 2015, participants have 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.

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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### ***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 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 2018, pursuant to IRS rules, the total amount of a participant's pre-tax and or Roth after-tax contributions was limited to \$18,500. In addition to these amounts, participants who attain the age of fifty (50) 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 ("Catch-Up Contributions"). 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 2019 and 2018, the Company made true-up contributions into employee Plan accounts totaling \$8,300,454 and \$8,561,877, for Plan years 2018 and 2017, respectively.

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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### ***Investment Options***

Plan assets are invested in the investment options offered under the Plan at the direction of Plan participants, and in accordance with the Plan document. If a new participant fails to select one or more investment options, such participant's account will be invested in the Plan's qualified default investment alternative, the 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 Stable Value Fund to the Vanguard Federal Money Market Fund (a competing fund) are not allowed. Instead, transfers from the Stable Value Fund 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 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. Transamerica 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 distributions from 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.

## American International Group, Inc. Incentive Savings Plan

### Notes to Financial Statements

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The Plan was amended effective August 23, 2017 to allow the Plan to make use of the relief provisions related to Hurricanes Harvey, Irma and Maria, and the fall 2017 wildfires in California as described in the Disaster Tax Relief and Airport and Airway Extension Act of 2017 (the “DTRA”), the Bipartisan Budget Act of 2018 (the “BBA”) or any subsequent guidance from the IRS or the Department of Labor interpreting the DTRA or the BBA; and any other announcement or notice issued by the United States Federal government or any of its agencies which provides tax, due date or other relief to individuals. The DTRA and BBA makes it easier for retirement plan participants to access their retirement funds to recover from Hurricanes Harvey, Irma and Maria and the fall 2017 wildfires in California.

#### ***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, 2018 have been issued at interest rates between 3.25% and 8.60% and maturities range from January 2019 to December 2033. 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. The Plan was amended effective August 23, 2017 to allow the Plan to make use of the relief provisions related to Hurricanes Harvey, Irma and Maria, and the fall 2017 wildfires in California as described in the DTRA and the BBA with respect to the repayment of certain loans.

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.

#### ***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 \$565,349 and \$615,190 at December 31, 2018 and 2017, respectively. In 2018, forfeited contributions of \$41,812 were used to pay administrative expenses of the Plan.

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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### 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/(losses) and net change in unrealized gains/(losses), is reflected in the Statement of Changes in Net Assets Available for Benefits. Realized gains/(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.

#### ***Administrative Expenses***

Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from the financial statements. Loan origination fees and other related fees associated with loans receivables from participants and Financial Engines professional management fees are charged directly to the participant accounts and are included in administrative expenses.

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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### *Recently Issued Accounting Standards*

#### *Employee Benefit Plan Interests in Master Trusts*

In February 2017, the Financial Accounting Standards Board ("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 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.

#### *Changes to fair value disclosure requirements*

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, Fair Value Measurement (Topic 820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement which removes and modifies disclosures to Topic 820. The amendments apply to all entities that are required, under existing U.S. generally accepted accounting principles (GAAP), to make disclosures about recurring or nonrecurring fair value measurements. The amendments are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. This update is not expected to have a material impact on the Plan's financial statements.

### **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.

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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|                                        | December 31,            |                         |
|----------------------------------------|-------------------------|-------------------------|
|                                        | 2018                    | 2017                    |
| Investments, at fair value             | <u>\$ 5,061,982,621</u> | <u>\$ 5,350,953,722</u> |
| Loans receivable from participants     | <u>\$ 59,093,693</u>    | <u>\$ 58,066,659</u>    |
| Net investment income                  | <u>\$ (269,536,072)</u> |                         |
| Interest income from participant loans | <u>\$ 2,298,765</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 fair value hierarchy under FASB Accounting Standards Codification ("ASC") 820, described as follows:

- Level 1 – Fair value measurements based on quoted prices for identical instruments in active markets.
- Level 2 – Fair value measurements based on quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and significant inputs and significant value drivers that are observable in active markets.
- Level 3 – Fair value measurements based on valuation techniques using one or more significant inputs or significant value drivers that are unobservable.

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

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

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

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

### *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 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. Accordingly, the investments in common collective funds held at December 31, 2018 and 2017 were excluded from the leveling table. 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.

### *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, 2018 and 2017, respectively.

|                                                     | 2018                    |             |             |                         |
|-----------------------------------------------------|-------------------------|-------------|-------------|-------------------------|
|                                                     | Level 1                 | Level 2     | Level 3     | Total                   |
| <b>Assets</b>                                       |                         |             |             |                         |
| Mutual Funds                                        | \$ 1,953,623,812        | \$ -        | \$ -        | \$ 1,953,623,812        |
| <b>Total Investments</b>                            | <u>\$ 1,953,623,812</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,953,623,812</u> |
| Other Investments Measured at Net Asset Value       |                         |             |             |                         |
| Common Collective Trust Funds                       |                         |             |             | 2,648,119,630           |
| AIG Master Trust                                    |                         |             |             | 460,239,179             |
| Total Other Investments Measured at Net Asset Value |                         |             |             | <u>\$ 3,108,358,809</u> |
| Total investments, at fair value                    |                         |             |             | <u>\$ 5,061,982,621</u> |

There were no transfers between Levels 1, 2 or 3 during the year ended December 31, 2018.

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

|                                                     | 2017                    |             |             |                         |
|-----------------------------------------------------|-------------------------|-------------|-------------|-------------------------|
|                                                     | Level 1                 | Level 2     | Level 3     | Total                   |
| <b>Assets</b>                                       |                         |             |             |                         |
| Mutual Funds                                        | \$ 2,094,349,715        | \$ -        | \$ -        | \$ 2,094,349,715        |
| <b>Total Investments</b>                            | <u>\$ 2,094,349,715</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 2,094,349,715</u> |
| Other Investments Measured at Net Asset Value       |                         |             |             |                         |
| Common Collective Trust Funds                       |                         |             |             | 2,799,605,782           |
| AIG Master Trust                                    |                         |             |             | 456,998,225             |
| Total Other Investments Measured at Net Asset Value |                         |             |             | <u>\$ 3,256,604,007</u> |
| Total investments, at fair value                    |                         |             |             | <u>\$ 5,350,953,722</u> |

There were no transfers between Levels 1, 2 or 3 during the year ended December 31, 2017.

### 5. Master Trust Information – AIG Master Trust

A portion of the Plan's investments are held 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 Stable Value Fund and the Stock Fund, which were contributed by the participating plans to the AIG Master Trust on January 3, 2011, and the Warrant Fund, which was contributed by the participating plans on November 1, 2017. Effective November 1, 2017, the trustee of the AIG Master Trust was Massachusetts Fidelity Trust Co. The custodian of the Stable Value Fund is Wells Fargo Bank, N.A. The custodian of the Stock Fund and Warrant Fund is State Street Bank. Effective July 7, 2017, the AIG Stable Value Fund was renamed the Galliard Stable Value Fund.

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 2018 and 2017 are summarized below:

|                                    | 2018           |                  |                            | 2017           |                  |                            |
|------------------------------------|----------------|------------------|----------------------------|----------------|------------------|----------------------------|
|                                    | AIG Stock Fund | AIG Warrant Fund | Galliard Stable Value Fund | AIG Stock Fund | AIG Warrant Fund | Galliard Stable Value Fund |
| American International Group, Inc. |                |                  |                            |                |                  |                            |
| Incentive Savings Plan             | 99.86%         | 99.86%           | 99.74%                     | 99.88%         | 99.88%           | 99.68%                     |
| AIG Insurance Company-Puerto Rico  |                |                  |                            |                |                  |                            |
| Capital Growth Plan                | 0.14%          | 0.14%            | 0.26%                      | 0.12%          | 0.12%            | 0.32%                      |
|                                    | <u>100.00%</u> | <u>100.00%</u>   | <u>100.00%</u>             | <u>100.00%</u> | <u>100.00%</u>   | <u>100.00%</u>             |

## American International Group, Inc. Incentive Savings Plan

### Notes to Financial Statements

The following table presents the net assets of the AIG Master Trust as of December 31, 2018 and 2017:

|                                                                    | <b>December 31,</b>  |                      |
|--------------------------------------------------------------------|----------------------|----------------------|
|                                                                    | <b>2018</b>          | <b>2017</b>          |
| AIG Stock Fund                                                     |                      |                      |
| AIG common stock, at fair value                                    | <u>\$5,826,032</u>   | <u>\$10,026,492</u>  |
| AIG Warrant Fund                                                   |                      |                      |
| AIG warrants, at fair value                                        | <u>424,652</u>       | <u>1,612,683</u>     |
| Galliard Stable Value Fund                                         |                      |                      |
| Collective trusts, at contract value                               | 33,152,142           | 20,261,248           |
| Separate Account Guaranteed Investment Contract, at contract value | -                    | 100,490,267          |
| Synthetic Guaranteed Investment Contract, at contract value        | <u>423,024,901</u>   | <u>328,212,253</u>   |
| Net investments Galliard Stable Value Fund                         | 456,177,043          | 448,963,768          |
| Liabilities                                                        | <u>(323,961)</u>     | <u>(289,828)</u>     |
| Net Assets Galliard Stable Value Fund                              | 455,853,082          | 448,673,940          |
| Total net assets AIG Master Trust                                  | <u>\$462,103,766</u> | <u>\$460,313,115</u> |
| <b>Plan Interest in AIG Master Trust</b>                           | <u>\$460,239,179</u> | <u>\$456,998,225</u> |

The following are the changes in net assets for the AIG Master Trust for the years ended December 31, 2018 and 2017:

|                                               | <b>For the year ended December 31,</b> |                      |
|-----------------------------------------------|----------------------------------------|----------------------|
|                                               | <b>2018</b>                            | <b>2017</b>          |
| Net appreciation in fair value of investments | (\$4,074,007)                          | (\$1,037,757)        |
| Net investment income                         | 10,052,877                             | 8,681,020            |
| Net transfers                                 | <u>(4,188,219)</u>                     | <u>(35,327,010)</u>  |
| Increase (decrease) in net assets             | 1,790,651                              | (27,683,747)         |
| Net assets:                                   |                                        |                      |
| Beginning of year                             | <u>460,313,115</u>                     | <u>487,996,862</u>   |
| End of year                                   | <u>\$462,103,766</u>                   | <u>\$460,313,115</u> |

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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### *Investment Valuation*

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

#### *Common Stock and Warrants*

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 Stable Value Fund invests in fully-benefit responsive investment contracts issued by insurance companies and other financial institutions. Contract value is the relevant measurement attributable to the portion of net assets available for benefits attributable to the 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 Company 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 Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Plan management does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

## **6. Tax Status**

The Plan received a determination letter from the IRS dated November 28, 2017 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 that determination letter, and the Plan Administrator and legal counsel believe the Plan document remains in compliance with ERISA and the Code, and that the Plan is being operated in material compliance with the applicable requirements of the Code. In Announcement 2015-19, issued on July 21, 2015, the IRS said it is eliminating the staggered five-year determination letter remedial amendment cycles for individually designed tax-qualified retirement plans effective January 1, 2017.

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, 2018, it was determined that there were no uncertain positions taken or expected to be taken that would require recognition of a

# American International Group, Inc. Incentive Savings Plan

## Notes to Financial Statements

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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 \$171,238 for the year ended December 31, 2018. 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**

Effective November 1, 2017, State Street Bank was the trustee of the Plan; effective November 1, 2017, Massachusetts Fidelity Trust Co. was the trustee of the AIG Master Trust that holds the Stable Value Fund, the Stock Fund and the Warrant Fund; and Wells Fargo Bank, N.A. is the custodian of the Stable Value Fund. Therefore, the Plan's investments with these financial institutions may be considered party-in-interest transactions.

The Plan holds shares of AIG common stock through the Stock Fund. The Plan held 147,630 and 168,084 units of the Stock Fund with a fair value of \$5,818,082 and \$10,014,432 at December 31, 2018 and 2017, respectively. The Plan did not purchase any units of the Stock Fund during the years ended December 31, 2018 and 2017. Also, the Plan sold \$723,132 and \$1,502,366 of the Stock Fund during the years ended December 31, 2018 and 2017, respectively. The Plan received dividends of \$202,016 on the Stock Fund for the year ended December 31, 2018.

Plan investments include units of the Warrant Fund. The Plan held 77,954 and 88,892 units of the Warrant Fund, with a fair value of \$424,068 and \$1,610,731 at December 31, 2018 and 2017, respectively.

Additionally, for the Plan year ended December 31, 2018, the Company paid fees of \$1,226,340 to Transamerica. 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.

## American International Group, Inc. Incentive Savings Plan

### Notes to Financial Statements

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At December 31, 2018 and 2017, 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 Settlements

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 from the net settlement funds of the Securities Litigation Settlement. The Plan received \$3,268,848 from the net settlement funds of the Securities Litigation Settlement in April 2018 as a result of the Rust Consulting Settlement.

During 2018, the Plan also received proceeds totaling \$552,486 arising from a class action lawsuit where AIG was a participant. These proceeds are included in other income under "Litigation settlement" on the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2018.

#### 12. 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 effective as of April 24, 2018:

The Vanguard Target Retirement 2065 Trust Plus fund was added.

#### 13. Subsequent Events

The Plan's management evaluated subsequent events through October 14, 2019, 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.

Effective January 1, 2019 the Plan was amended to liberalize its hardship withdrawal provisions to permit hardship withdrawals from all accounts (including any earnings), no longer require that a loan be taken prior to the hardship withdrawal and to eliminate the six (6) month suspension of employee contributions after a hardship withdrawal.

Effective as of February 1, 2019 the Plan was amended to clarify that Plan forfeiture dollars can be used to fund Qualified Matching Contributions and Qualified Nonelective Contributions.

Effective January 1, 2020, the BlackRock Total Return Bond Fund Trust will be added to the Plan as a new investment fund option.

**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, 2018**

|                                                                                                                                                                                           |                                                                                                                                 | Current |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|
| Issue                                                                                                                                                                                     | Description                                                                                                                     | Cost ** | Value                   |
| * AIG Master Trust                                                                                                                                                                        | Master Trust                                                                                                                    |         | 460,239,179 ***         |
| DFA U.S. Small Cap Value Portfolio                                                                                                                                                        | Equity Mutual Fund                                                                                                              |         | 144,703,840 ***         |
| Vanguard PRIMECAP Fund Admiral Shares                                                                                                                                                     | Equity Mutual Fund                                                                                                              |         | 708,756,050 ***         |
| Vanguard Wellington Fund Admiral Shares                                                                                                                                                   | Balanced Mutual Fund                                                                                                            |         | 540,526,962 ***         |
| Vanguard Total International Stock Index Instl Plus                                                                                                                                       | International Equity Mutual Fund                                                                                                |         | 340,214,385 ***         |
| Vanguard Federal Money Market Inv                                                                                                                                                         | Fixed Income Mutual Fund                                                                                                        |         | 219,422,575 ***         |
| Vanguard Institutional Index Trust                                                                                                                                                        | Common Collective Trust Fund                                                                                                    |         | 913,247,473 ***         |
| MFS Large Cap Value CIT                                                                                                                                                                   | Common Collective Trust Fund                                                                                                    |         | 257,900,027 ***         |
| Vanguard Institutional Total Bond Market Index Trust                                                                                                                                      | Common Collective Trust Fund                                                                                                    |         | 301,386,210 ***         |
| Harding Loevner International Equity Collective Investment Trust                                                                                                                          | Common Collective Trust Fund                                                                                                    |         | 75,326,396 ***          |
| Vanguard Institutional Extended Market Index Trust                                                                                                                                        | Common Collective Trust Fund                                                                                                    |         | 284,947,694 ***         |
| Vanguard Target Retirement Income Trust Plus                                                                                                                                              | Common Collective Trust Fund                                                                                                    |         | 35,263,059 ***          |
| Vanguard Target Retirement 2015 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 28,855,519 ***          |
| Vanguard Target Retirement 2020 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 71,586,862 ***          |
| Vanguard Target Retirement 2025 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 100,355,284 ***         |
| Vanguard Target Retirement 2030 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 111,727,994 ***         |
| Vanguard Target Retirement 2035 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 122,878,200 ***         |
| Vanguard Target Retirement 2040 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 101,884,297 ***         |
| Vanguard Target Retirement 2045 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 103,335,373 ***         |
| Vanguard Target Retirement 2050 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 77,432,845 ***          |
| Vanguard Target Retirement 2055 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 41,284,697 ***          |
| Vanguard Target Retirement 2060 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 19,987,577 ***          |
| Vanguard Target Retirement 2065 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                                    |         | 720,123 ***             |
| Total Investments                                                                                                                                                                         |                                                                                                                                 |         | 5,061,982,621           |
| * Loans receivable from participants                                                                                                                                                      | Loans issued at interest rates<br>between 3.25% and 8.60% with<br>maturity dates ranging from January<br>2019 to December 2033. |         | 59,093,693 ***          |
| Total                                                                                                                                                                                     |                                                                                                                                 |         | <u>\$ 5,121,076,314</u> |
| * Party-in-interest.                                                                                                                                                                      |                                                                                                                                 |         |                         |
| ** Cost is not required for participant directed investments.                                                                                                                             |                                                                                                                                 |         |                         |
| *** These investments were derived from information certified by Transamerica Retirement Solutions, trustee and State Street Bank and Trust Company, Custodian, as complete and accurate. |                                                                                                                                 |         |                         |

**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, 2018**

|                                                                                                                                                                                           |                                                                                                                        | Current |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|
| Issue                                                                                                                                                                                     | Description                                                                                                            | Cost ** | Value                   |
| * AIG Master Trust                                                                                                                                                                        | Master Trust                                                                                                           |         | 460,239,179 ***         |
| DFA U.S. Small Cap Value Portfolio                                                                                                                                                        | Equity Mutual Fund                                                                                                     |         | 144,703,840 ***         |
| Vanguard PRIMECAP Fund Admiral Shares                                                                                                                                                     | Equity Mutual Fund                                                                                                     |         | 708,756,050 ***         |
| Vanguard Wellington Fund Admiral Shares                                                                                                                                                   | Balanced Mutual Fund                                                                                                   |         | 540,526,962 ***         |
| Vanguard Total International Stock Index Instl Plus                                                                                                                                       | International Equity Mutual Fund                                                                                       |         | 340,214,385 ***         |
| Vanguard Federal Money Market Inv                                                                                                                                                         | Fixed Income Mutual Fund                                                                                               |         | 219,422,575 ***         |
| Vanguard Institutional Index Trust                                                                                                                                                        | Common Collective Trust Fund                                                                                           |         | 913,247,473 ***         |
| MFS Large Cap Value CIT                                                                                                                                                                   | Common Collective Trust Fund                                                                                           |         | 257,900,027 ***         |
| Vanguard Institutional Total Bond Market Index Trust                                                                                                                                      | Common Collective Trust Fund                                                                                           |         | 301,386,210 ***         |
| Harding Loevner International Equity Collective Investment Trust                                                                                                                          | Common Collective Trust Fund                                                                                           |         | 75,326,396 ***          |
| Vanguard Institutional Extended Market Index Trust                                                                                                                                        | Common Collective Trust Fund                                                                                           |         | 284,947,694 ***         |
| Vanguard Target Retirement Income Trust Plus                                                                                                                                              | Common Collective Trust Fund                                                                                           |         | 35,263,059 ***          |
| Vanguard Target Retirement 2015 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 28,855,519 ***          |
| Vanguard Target Retirement 2020 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 71,586,862 ***          |
| Vanguard Target Retirement 2025 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 100,355,284 ***         |
| Vanguard Target Retirement 2030 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 111,727,994 ***         |
| Vanguard Target Retirement 2035 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 122,878,200 ***         |
| Vanguard Target Retirement 2040 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 101,884,297 ***         |
| Vanguard Target Retirement 2045 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 103,335,373 ***         |
| Vanguard Target Retirement 2050 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 77,432,845 ***          |
| Vanguard Target Retirement 2055 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 41,284,697 ***          |
| Vanguard Target Retirement 2060 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 19,987,577 ***          |
| Vanguard Target Retirement 2065 Trust Plus                                                                                                                                                | Common Collective Trust Fund                                                                                           |         | 720,123 ***             |
| Total Investments                                                                                                                                                                         |                                                                                                                        |         | 5,061,982,621           |
| * Loans receivable from participants                                                                                                                                                      | Loans issued at interest rates between 3.25% and 8.60% with maturity dates ranging from January 2019 to December 2033. |         | 59,093,693 ***          |
| Total                                                                                                                                                                                     |                                                                                                                        |         | <u>\$ 5,121,076,314</u> |
| * Party-in-interest.                                                                                                                                                                      |                                                                                                                        |         |                         |
| ** Cost is not required for participant directed investments.                                                                                                                             |                                                                                                                        |         |                         |
| *** These investments were derived from information certified by Transamerica Retirement Solutions, trustee and State Street Bank and Trust Company, Custodian, as complete and accurate. |                                                                                                                        |         |                         |