

Division of Corporations

**F13000002341**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000110726 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

13 MAY 16 PM 1:32

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION  
AIG Direct Insurance Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	057
Estimated Charge	\$70.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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\*RE-SUBMIT\*

Please retain original filing date of submission 5/14

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Corporate Filing Menu

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May 17, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: AIG DIRECT INSURANCE SERVICES, INC.  
REF: W13000029056

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

FAX Aud. #: H13000110726  
Letter Number: 613A00012439

**\*RE-SUBMIT\***  
Please refile original filing  
date of submission 5/16

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** AIG Direct Insurance Services, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

carmen.rodriguez@aglife.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. AIG Direct Insurance Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 33-0658270  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/14/1995 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9640 Granite Ridge Drive, San Diego, CA 92123  
(Principal office address)

same  
(Current mailing address)

8. Life and Health Insurance Agency  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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TALLAHASSEE FLORIDA

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10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System  
By: James M. Halpin  
(Registered agent's signature) James M. Halpin  
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: SEE ATTACHMENT

Address: \_\_\_\_\_

\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Ronald J. Harris, President

(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA  
TALLAHASSEE

Mail Form to:  
 Department of Insurance  
 320 Capitol Mall  
 Sacramento CA, 95814

LIC BED-1 (Rev 05-07)

State of California Department of Insurance  
 Form used for change of business entity disclosure.  
 Note: Do not leave any blank lines, mark as "none" or "N/A".

**Business Entity Disclosure**  
**Corporate / Limited Liability Company Disclosure**

Last Name, First Name, Middle	Residence Address	Social Security #	% of ownership
Harris, Ronald	765 Rosecrans Street	325-74-3454	None
Harris, Ronald	San Diego, CA 92106		
Harris, Ronald			
Spires, T. Clay	31 E. Sunny Slope Cir. The Woodlands	460-39-3151	None
N/A	Tx 77381		
Anderson, Steven D.	107 Englewood St. Bellaire, Tx 77401	330-48-2180	None
N/A			
Cotton Heame, Julie	3703 Rosedale, Houston, Tx 77004	463-35-4529	None
Festervand, Terry B.	15 Stalynn Ln., Houston, Tx 77027	460-98-4531	None
Jennings, Kyle L.	3990 Feagan, Houston, Tx 77007	482-82-7313	None
Harris, Ronald	765 Rosecrans Street	325-74-3454	None
N/A	San Diego, CA 92106		
N/A			
N/A			
N/A			
American General Life Insurance Co.	2727-A Allen Parkway, Houston, Tx	25-0598210	100%
N/A	Tx 77019		
N/A			

List these stockholders that own 10% or more of the corporation stock (attach a separate sheet if more space is needed)

**Partnership Disclosure**

Partner	N/A		
Partner			
Partner			

If new or change in partner please complete Form LIC 421-4 Copartnership - Application for Registration, located on our web site.

Organization Name **AIG Direct Insurance Services, Inc.**

Organization FEIN # **33-0658270**

Organization License # **0B57619**

AUTHORIZING OFFICER, MANAGER, MEMBER, OR PARTNER'S SIGNATURE \_\_\_\_\_ TITLE **President**

SECRETARY OF STATE  
 DATE FILED

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# State of California Secretary of State

## CERTIFICATE OF STATUS

**ENTITY NAME:**

**AIG DIRECT INSURANCE SERVICES, INC.**

<b>FILE NUMBER:</b>	<b>C1932661</b>
<b>FORMATION DATE:</b>	<b>04/14/1995</b>
<b>TYPE:</b>	<b>DOMESTIC CORPORATION</b>
<b>JURISDICTION:</b>	<b>CALIFORNIA</b>
<b>STATUS:</b>	<b>ACTIVE (GOOD STANDING)</b>

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I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 15, 2013.

**DEBRA BOWEN**  
Secretary of State