

F130000002341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

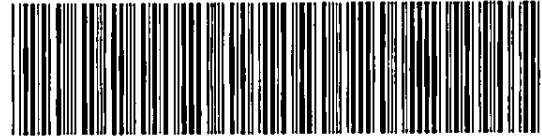
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



500423472575

W24-22310

NIC Amend

FILED
2024 FEB -8 AM 8:53

RECEIVED

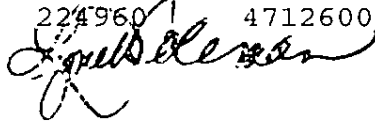
A. RAMSEY
FEB 14 2024

2024 FEB -8 PM 3:21

TALLAHASSEE, FLORIDA

*02250, 00524, 00671

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 224960 4712600
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : December 21, 2023
ORDER TIME : 1:29 PM
ORDER NO. : 224960-190
CUSTOMER NO: 4712600

FOREIGN FILINGS

NAME: AIG DIRECT INSURANCE SERVICES,
INC.

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Amendment to AIG Direct Insurance Services, Inc.

Name of Corporation

DOCUMENT NUMBER: F13000002341

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosemary Foster

Name of Contact Person

Corebridge Financial, Inc.

Firm/Company

2919 Allen Parkway, L4-1

Address

Houston, TX 77019

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemary Foster

Name of Contact Person

at (281) 615-0129

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: AIG DIRECT INSURANCE SERVICES, INC.
Ref. Number: F13000002341

RESUBMIT

Please give original
submission date as file date.

We have received your document for AIG DIRECT INSURANCE SERVICES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The signature page (page 2 of the amendment form) is not suitable for imaging. Please include a signature page that is not sideways.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 824A00002922

RECEIVED
2024 FEB 13 AM 11:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

FILED

2024 FEB -8 AM 8: 53

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F13000002341

(Document number of corporation (if known))

1. AIG Direct Insurance Services, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. California

(Incorporated under laws of)

3. 05/13/2013

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? December 14, 2023

5. Corebridge Direct Insurance Services, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity

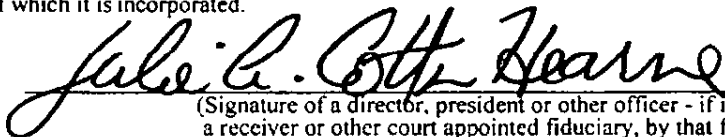
Name

Address

Type of Action

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Julie A. Cotton Hearne

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies

Entity Name: Corebridge Direct Insurance
Services, Inc.

Formed In: CALIFORNIA

Entity No.: 1932661

Entity Type: Stock Corporation - CA - General

Issuance Date: 01/08/2024

Copies Requested: 1

Receipt No.: 005918395

Certificate No.: 171617925

Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
B2312-1912	12/14/2023	Amendment	1

.. ***** End of list ***** ..

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of the
State of California on January 08, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



Secretary of State
Certificate of Amendment **AMDT-**
of Articles of Incorporation **STK-NA**
Name Change Only - Stock



For Office Use Only

-FILED-

File No.: BA20231891940
 Date Filed: 12/14/2023

IMPORTANT - Read instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First Page \$1.00 & .50 for each attachment page.
 Certification Fee - \$5.00

This Space For Office Use Only

1. Corporation Name (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.)

2 7-Digit Secretary of State Entity Number

AIG Direct Insurance Services, Inc.

1932661

3. New Corporation Name

Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "1" for "First" or "One")

Article 1 of the Articles of Incorporation is amended to read:

The name of the corporation is Corebridge Direct Insurance Services, Inc.

4. Approval Statements

4a. The Board of Directors has approved the amendment of the Articles of Incorporation

4b. Shareholder approval was (check one)

☒ By the required vote of shareholders in accordance with California Corporations Code section 902
 The total number of outstanding shares of the corporation entitled to vote is 24,053
 The number of shares voting in favor of the amendment equaled or exceeded the vote required
 The percentage vote required was more than 50%.

OR

☐ Not required because the corporation has no outstanding shares

Read, sign and date below (

for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign

12/5/2023
 Date

[Signature]
 Signature (Do not leave blank)

Kevin J. Wilshusen

Type or Print Name of President

12/5/2023
 Date

[Signature]
 Signature (Do not leave blank)

Julie Cotton Hearne

Type or Print Name of Secretary