

1.) CORPORATION NAME:

The General Automobile Insurance Services, Inc.

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1680745**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3610 CENTRAL AVENUE
SUITE 204

CITY/ST/ZIP: RIVERSIDE, CA 92506

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RANDY P PARKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	2636 ELM HILL PIKE STE 510		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37214		

NAME:	DAVID L HETTINGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/CAO		
ADDRESS:	2636 ELM HILL PIKE STE 510		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37214		

NAME:	ERIC BUR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2636 ELM HILL PIKE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37214		

NAME:	BARRY DICE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2636 ELM HILL PIKE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37214		

NAME:	ELIZABETH ROBERTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2636 ELM HILL PIKE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37214		

NAME:	ANDREW MARTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CORP-WIDE S		
ADDRESS:	2636 ELM HILL PIKE STE 510		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37214		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN M DONOVAN CFO/T 2636 ELM HILL PIKE STE 510 NASHVILLE, TN 37214	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRILL C KAISER SECRETARY 2636 ELM HILL PIKE STE 510 NASHVILLE, TN 37214	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT NELSON ASST SECRETARY 2636 ELM HILL PIKE NASHVILLE, TN 37214	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID L HETTINGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID L HETTINGER, SR VP/CAO PRINTED NAME AND CORPORATE TITLE	8/3/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			