

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214519880

1.) CORPORATION NAME:

AIG Direct Insurance Services, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1747700**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9640 GRANITE RIDGE DR

CITY/ST/ZIP: SAN DIEGO, CA 92123

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:	RONALD HARRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9640 GRANITE RIDGE DR		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92123		

NAME:	THOMAS CLAY SPIRES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2919 ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON , TX 77019		

NAME:	ROBERT F. HERBERT, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2727- ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019		

NAME:	STEVEN D ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	9640 GRANITE RISGE DR		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92123		

NAME:	JULIE COTTON HEARNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2919 ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON , TX 77019		

NAME:	ERIK A. BADEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9640 GRANITE RIDGE DR		
CITY/ST/ZIP/CO:	SANDIEGO, CA 92123		

NAME: LAURA HUFFMAN TITLE: DIRECTOR ADDRESS: 9640 GRANITE RIDGE DR CITY/ST/ZIP/CO: SAN DIEGO, CA 92123	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KYLE L JENNINGS TITLE: DIRECTOR ADDRESS: 9640 GRANITE RIDGE DR CITY/ST/ZIP/CO: SAN DIEGO, CA 92123	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JULIE COTTON HEARNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE COTTON HEARNE, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/17/2014 DATE
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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.