


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION, ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 363042 (3)**

1. Corporation Name  
**AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF FLORIDA**



Principal Place of Business <b>ONE INDEPENDENT DRIVE                  JACKSONVILLE FL 32276</b>	Mailing Address <b>ONE INDEPENDENT DRIVE                  JACKSONVILLE FL 32276</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>American General Center</b>	<b>04/20/1970</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>59-1289686</b>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23. Zip		28. <b>Nashville, TN</b>		<b>\$8.75 Additional Fee Required</b>	
Country		Country		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24. Zip		29. <b>37250</b>		<b>\$5.00 May Be Added to Fees</b>	
Country		30. <b>Davidson</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER                  CAPITOL BLDG                  TALLAHASSEE FL 32304</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				<b>FL</b>			
				85. Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SITTIG, JOHN J.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE INDEPENDENT DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'AGOSTINO, JAMES S. JR</b>	2.2 NAME	<b>D'Agostino, James S., Jr.</b>
STREET ADDRESS	<b>AMERICAN GENERAL CENTER</b>	2.3 STREET ADDRESS	<b>2929 Allen Parkway</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	2.4 CITY-ST-ZIP	<b>Houston, TX 77019</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLEY, JOE</b>	3.2 NAME	<b>Kelley, Joe</b>
STREET ADDRESS	<b>ONE INDEPENDENT DR</b>	3.3 STREET ADDRESS	<b>American General Center</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Nashville, TN 37250</b>
TITLE	<b>VPTD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>SVP/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETT, KENT E.</b>	4.2 NAME	<b>Barrett, Kent E.</b>
STREET ADDRESS	<b>AMERICAN GENERAL CNETER</b>	4.3 STREET ADDRESS	<b>American General Center</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	4.4 CITY-ST-ZIP	<b>Nashville, TN 37250</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, REX H</b>	5.2 NAME	
STREET ADDRESS	<b>AMERICAN GENERAL CENTER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SVPD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>SVP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEBOS, LEO J</b>	6.2 NAME	<b>Lebos, Leo, Jr.</b>
STREET ADDRESS	<b>AMERICAN GENERAL CENTER</b>	6.3 STREET ADDRESS	<b>American General Center</b>
CITY-ST-ZIP	<b>NASHVILLE TN</b>	6.4 CITY-ST-ZIP	<b>Nashville, TN 37250 SEE ATTACHED</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rex H. Roberts* 1-21-98 615-749-1993

CR2E034 (10/97)

**AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF FLORIDA**

7. **SC/D**  
Devlin, Robert M.  
2929 Allen Parkway  
Houston, TX 77019
8. **VC/D**  
Luther, Bill B.  
American General Center  
Nashville, TN 37250
9. **VC/D**  
Newton, Jon P.  
2929 Allen Parkway  
Houston, TX 77019
10. **EVP/D**  
Tasser, Donald J.  
American General Center  
Nashville, TN 37250
11. **SVP/D**  
Buckley, Michael J.  
American General Center  
Nashville, TN 37250
12. **SVP/D**  
Gibbs, Marcus C.  
American General Center  
Nashville, TN 37250
13. **SVP/D**  
McReynolds, Elaine A.  
American General Center  
Nashville, TN 37250
14. **VP**  
Aiken, Chris N.  
American General Center  
Nashville, TN 37250
15. **VP**  
Coleman, John W.  
American General Center  
Nashville, TN 37250
16. **VP/D**  
Tuters, Peter V.  
2929 Allen Parkway  
Houston, TX 77019