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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90142 014 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 363042

1. Corporation Name
AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF FLORIDA

Principal Place of Business
**ONE INDEPENDENT DRIVE
 JACKSONVILLE FL 32276**

Mailing Address
**AMERICAN GENERAL CENTER
 NASHVILLE TN 37250
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/20/1970

4. FEI Number
59-1289686

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AGOSTINO, JAMES S. JR	1.2 NAME	Martin, Rodney O., Jr.
STREET ADDRESS	2929 ALLEN PARKWAY	1.3 STREET ADDRESS	2929 Allen Parkway
CITY-ST-ZIP	HOUSTON TX 77019	1.4 CITY-ST-ZIP	Houston, TX 77019
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JOE	2.2 NAME	
STREET ADDRESS	AMERICAN GENERAL CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37250	2.4 CITY-ST-ZIP	
TITLE	SVTD <input type="checkbox"/> DELETE	3.1 TITLE	EVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, KENT E.	3.2 NAME	Rodby, Craig R.
STREET ADDRESS	AMERICAN GENERAL CENTER	3.3 STREET ADDRESS	American General Center
CITY-ST-ZIP	NASHVILLE TN 37250	3.4 CITY-ST-ZIP	Nashville, TN 37250
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, REX H	4.2 NAME	
STREET ADDRESS	AMERICAN GENERAL CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBOS, LEO J	5.2 NAME	
STREET ADDRESS	AMERICAN GENERAL CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37250	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	EVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Buckley, Michael J.
STREET ADDRESS		6.3 STREET ADDRESS	American General Center
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Nashville, TN 37250

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 with all other like empowered.

SIGNATURE: Rex H. Roberts

2/9/99 615-749-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)