

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90171 036 ***150.00

DOCUMENT # 363042
1. Entity Name
AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF F

Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276	Mailing Address AMERICAN GENERAL CENTER NASHVILLE TN 37250-0001 US
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2. Principal Place of Business Suite, Apt. #, etc. 1301 Riverplace Blvd. #1500 City & State Jacksonville, Florida Zip 32207	3. Mailing Address Suite, Apt. #, etc. City & State Country Duval
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4. FEI Number 59-1289686	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARTIN, RODNEY O JR 2929 ALLEN PARKWAY HOUSTON TX 77019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, JOE AMERICAN GENERAL CENTER NASHVILLE TN 37250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT RODBY, CRAIG R AMERICAN GENERAL CENTER NASHVILLE TN 37250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, REX H AMERICAN GENERAL CENTER NASHVILLE TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD LEBOS, LEO J AMERICAN GENERAL CENTER NASHVILLE TN 37250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BUCKLEY, MICHEAL J AMERICAN GENERAL CENTER NASHVILLE TN 37250 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRCD Martin, Rodney O., Jr. 2929 Allen Parkway Houston, TX 77019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Kelley, Joe American General Center Nashville, TN 37250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Britton, Donald W. 2929 Allen Parkway Houston, TX 77019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPSD Zurek, Thomas M. 2929 Allen Parkway Houston, TX 77019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Hayes, Gregory A. American General Center Nashville, TN 37250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Simpson, Peggy T. American General Center Nashville, TN 37250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peggy T. Simpson* **Peggy T. Simpson** **4/3/2000** **615-749-2618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)