

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 363042

FILED
Apr 20, 2009
Secretary of State

Entity Name: AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

1301 RIVERPLACE BLVD #1500
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

AMERICAN GENERAL CENTER
NASHVILLE, TN 37250 US

New Mailing Address:

FEI Number: 59-1289686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MARTIN, RODNEY O JR
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: PD () Delete
Name: MALLON, JAMES A.
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

Title: SVPD () Delete
Name: HAYES, GREGORY A
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

Title: S () Delete
Name: TUCK, ELIZABETH M
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270

Title: V () Delete
Name: BORCHERT, RICK A
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

Title: V () Delete
Name: GIBSON, CHARLES K
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JENNINGS, KYLE L
Address: 2727 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES K. GIBSON

V

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date