

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **807243** (1)

1. Corporation Name
AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY



Principals: Place of Business Mailing Address
% AMERICAN GENERAL CENTER NASHVILLE TN 37250 **% AMERICAN GENERAL CENTER NASHVILLE TN 37250**

2. Principal Place of Business
21 Sub. Agency, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified **01/17/1947**
3a. Date of Last Report **03/21/1995**
4. FET Number **62-0306330** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0609 and 607.1528, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0609, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	SCD	<input type="checkbox"/> DELETE
12.2 NAME	HOOK, HAROLD S.	
12.3 STREET ADDRESS	2929 ALLEN PARKWAY	
12.4 CITY, STATE, ZIP	HOUSTON TX	
12.5 TITLE	CD	<input checked="" type="checkbox"/> DELETE
12.6 NAME	TUERFF, JAMES R.	
12.7 STREET ADDRESS	2929 ALLEN PARKWAY	
12.8 CITY, STATE, ZIP	HOUSTON TX	
12.9 TITLE	PD	<input type="checkbox"/> DELETE
12.10 NAME	D'AGOSTINO, JAMES S. JR.	
12.11 STREET ADDRESS	AMERICAN GENERAL CENTER	
12.12 CITY, STATE, ZIP	NASHVILLE TN	
12.13 TITLE	VCD	<input type="checkbox"/> DELETE
12.14 NAME	DEVLIN, ROBERT M.	
12.15 STREET ADDRESS	2929 ALLEN PARKWAY	
12.16 CITY, STATE, ZIP	HOUSTON TX	
12.17 TITLE	S	<input type="checkbox"/> DELETE
12.18 NAME	ROBERTS, REX H.	
12.19 STREET ADDRESS	AMERICAN GENERAL CENTER	
12.20 CITY, STATE, ZIP	NASHVILLE TN	
12.21 TITLE	SVD	<input type="checkbox"/> DELETE
12.22 NAME	LEBOS, LEO, JR.	
12.23 STREET ADDRESS	AMERICAN GENERAL CENTER	
12.24 CITY, STATE, ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, STATE, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, STATE, ZIP		
13.9 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	D'Agostino, James S., Jr.	
13.11 STREET ADDRESS	American General Center	
13.12 CITY, STATE, ZIP	Nashville, TN 37250	
13.13 TITLE	SC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	Devlin, Robert M.	
13.15 STREET ADDRESS	2929 Allen Parkway	
13.16 CITY, STATE, ZIP	Houston, TX 77019	
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, STATE, ZIP		
13.21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 NAME		
13.23 STREET ADDRESS		
13.24 CITY, STATE, ZIP		

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 checked, or on an alternate filing with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rex H. Roberts

1-30-96 615-749-1993
2-27-96 56
0480106 FP

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

7. VC/D
Newton, Jon P.
2929 Allen Parkway
Houston, TX 77019
8. SV/D
Gibbs, Marcus C.
American General Center
Nashville, TN 37250
9. SV/D
Tasser, Donald J.
American General Center
Nashville, TN 37250
10. SV/T/D
Barrett, Kent E.
American General Center
Nashville, TN 37250
11. VP
Bergh, Marcus B., Jr.
American General Center
Nashville, TN 37250
12. VP
Betts, Michael A.
American General Center
Nashville, TN 37250
13. VP
Billante, Samuel J.
American General Center
Nashville, TN 37250
14. VP
Cobb, Alice A.
American General Center
Nashville, TN 37250

15. VP
Coleman, John W.
American General Center
Nashville, TN 37250
16. VP
Field, Stephen H.
2929 Allen Parkway
Houston, TX 77019
17. VP
McCampbell, Allen A., Jr.
American General Center
Nashville, TN 37250
18. VP
Mosely, David H.
American General Center
Nashville, TN 37250
19. VP
Pulliam, J. Thomas, Jr.
American General Center
Nashville, TN 37250
20. VP/D
Tuters, Peter V.
2929 Allen Parkway
Houston, TX 77019