

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90033 008 ***150.00

DOCUMENT # 807243

1. Entity Name

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COM

Principal Place of Business

Mailing Address

% AMERICAN GENERAL CENTER
 NASHVILLE TN 37250

% AMERICAN GENERAL CENTER
 NASHVILLE TN 37250

832243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-0306330

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JOE	NAME	Kelley, Joe
STREET ADDRESS	AMERICAN GENERAL CENTER	STREET ADDRESS	American General Center
CITY-ST-ZIP	NASHVILLE TN 37250	CITY-ST-ZIP	Nashville, TN 37250
TITLE	CD <input type="checkbox"/> Delete	TITLE	Sr Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RODNEY O JR	NAME	Martin, Rodney O. Jr.
STREET ADDRESS	2929 ALLEN PKWY	STREET ADDRESS	2929 Allen Parkway
CITY-ST-ZIP	HOUSTON TX 77019	CITY-ST-ZIP	Houston, TX 77019
TITLE	SCD <input type="checkbox"/> Delete	TITLE	Vice Chairman and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, ROBERT M	NAME	Britton, Donald W.
STREET ADDRESS	2929 ALLEN PKWY	STREET ADDRESS	2929 Allen Parkway
CITY-ST-ZIP	HOUSTON TX 77019	CITY-ST-ZIP	Houston, TX 77019
TITLE	SVD <input type="checkbox"/> Delete	TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBOS, LEO JR.	NAME	Hayes, Gregory A.
STREET ADDRESS	AMERICAN GENERAL CENTER	STREET ADDRESS	American General Center
CITY-ST-ZIP	NASHVILLE TN 37250	CITY-ST-ZIP	Nashville, TN 37250
TITLE	S <input type="checkbox"/> Delete	TITLE	EVPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, REX H.	NAME	Zurek, Thomas M
STREET ADDRESS	AMERICAN GENERAL CENTER	STREET ADDRESS	2929 Allen Parkway
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	Houston, TX 77019
TITLE	<input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Simpson, Peggy T.
STREET ADDRESS		STREET ADDRESS	American General Center
CITY-ST-ZIP		CITY-ST-ZIP	Nashville, TN 37250

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*

SIGNATURE REQUIRED: Peggy T. Simpson

4/3/2000

615-749-2618

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)