

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807243

FILED
Apr 19, 2012
Secretary of State

Entity Name: AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

Current Principal Place of Business:

AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

New Principal Place of Business:

Current Mailing Address:

AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

New Mailing Address:

FEI Number: 62-0306330 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

OFFICERS AND DIRECTORS:

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

Title: CD
Name: FORTIN, MARY JANE B
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

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

Title: SVP
Name: BORCHERT, RICK A
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

Title: V
Name: BEAM, CHARLES E
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

Title: S
Name: JENNINGS, KYLE L
Address: 2727 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

I hereby 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 all other like empowered.

SIGNATURE: CHARLES E. BEAM

V

04/19/2012

Electronic Signature of Signing Officer or Director

_____ Date