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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 808874

1. Corporation Name
AMERICAN GENERAL ASSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1000 WOODFIELD RD **1000 WOODFIELD RD**
SCHAUMBURG IL 60173 **SCHAUMBURG IL 60173**
US **US**

3. Date Incorporated or Qualified 03/20/1952	
4. FEI Number 36-167770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEELER, W.M.	
STREET ADDRESS	1000 WOODFIELD ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JAMES S. J	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWTON, JON P.	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STANKO, R. E.	
STREET ADDRESS	1000 WOODFIELD RD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVLIN, ROBERT M.	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SANDERS, J.M.	
STREET ADDRESS	1000 WOODFIELD RD	
CITY-ST-ZIP	SCHAUMBURG IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3600 Route 66
1.4 CITY-ST-ZIP	Neptune, NJ 07754-1580
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: June M. Sanders **June M. Sanders** 4/21/99 847-517-6000
 Date Daytime Phone #

CR2E034 (1/98)

535523-90194-41
#808874

Attachment to Corporation Annual Report 1999

Block 12. Officers and Directors

D
Santillo, Carl J.
2929 Allen Parkway
Houston, TX 77019-2155

V
Compton, Larry A.
1000 Woodfield Road
Schaumburg, IL 60173-4793

V
Fagan, Joseph D.
1000 Woodfield Road
Schaumburg, IL 60173-4793

V
Thome, Alfred N.
3600 Route 66
Neptune, NJ 07754-1580

V
Carpenter, Henry A.
1000 Woodfield Road
Schaumburg, IL 60173-4793

V
Gass, Reed C.
1000 Woodfield Road
Schaumburg, IL 60173-4793