

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 809558 (0)

1. Corporation Name  
**AMERICAN GENERAL LIFE INSURANCE COMPANY OF NEW YORK**



Principal Place of Business: 300 S STATE ST, PO BOX 1456, SYRACUSE NY 13201  
Mailing Address: 300 S STATE ST, PO BOX 1456, SYRACUSE NY 13201

3. Date Incorporated or Qualified: 11/16/1953  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 13-1853201  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

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

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, THE CAPITOL BLDG., TALLAHASSEE FL 32399  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: GIBBONS, ROBERT J STREET ADDRESS: 4437 TREETOP CIRCLE CITY-ST-ZIP: MANLIUS NY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: Martin, Rodney O. 1.3 STREET ADDRESS: 3 Pembroke Hill 1.4 CITY-ST-ZIP: Farmington, CT 06032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: DEVLIN ROBERT M STREET ADDRESS: 2129 BRENTWOOD DR CITY-ST-ZIP: HOUSTON TX	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: TUTERS PETER V STREET ADDRESS: 355 KNIPP RD CITY-ST-ZIP: HOUSTON TX	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: GLEAVES JAMES L STREET ADDRESS: 2835 JARRARD CITY-ST-ZIP: HOUSTON TX	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: GCS NAME: KOZOL GEORGE B STREET ADDRESS: 106 QUARTZ WAY CITY-ST-ZIP: SYRACUSE NY	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: S 5.2 NAME: Smith, Sandra M. 5.3 STREET ADDRESS: 8638 Briar Patch 5.4 CITY-ST-ZIP: Baldwinsville, NY 13027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VC NAME: LIEBER, CHARLES STREET ADDRESS: 4611 PAULI DRIVE CITY-ST-ZIP: MANLIUS, NY.	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: V 6.2 NAME: Watson, R. Steve 6.3 STREET ADDRESS: 35 Fennell Street 6.4 CITY-ST-ZIP: Farmington, CT 06032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 19.07(3)(k), 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.

SIGNATURE: *Robert Gibbons* 4-29-96 713-831-3132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)