

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 04 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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 13201-1456**

3. Date Incorporated or Qualified: **11/16/1953**  
 3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **13-1853201**  
 Applied For:  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

2. Principal Place of Business: 21 State, Apt. #, etc.:  
 22 City & State:  
 23 Zip: Country:  
 24

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

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARTIN, RODNEY O</b>
STREET ADDRESS	<b>3 PEMBROKE HILL</b>
CITY-ST-ZIP	<b>FARMINGTON CT</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DEVLIN ROBERT M</b>
STREET ADDRESS	<b>2129 BRENTWOOD DR</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TUTERS PETER V</b>
STREET ADDRESS	<b>355 KNIPP RD</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GLEAVES JAMES L</b>
STREET ADDRESS	<b>2835 JARRARD</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, SANDRA M</b>
STREET ADDRESS	<b>8838 BRIAR PATCH</b>
CITY-ST-ZIP	<b>BALDWINVILLE NY</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>WATSON, R. STEVE</b>
STREET ADDRESS	<b>35 FENNEL STREET</b>
CITY-ST-ZIP	<b>FARMINGTON CT</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Slepicka, Robert A.</b>
1.3 STREET ADDRESS	<b>300 South State Street</b>
1.4 CITY-ST-ZIP	<b>Syracuse, NY 13202</b>
2.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Martin Jr., Rodney O.</b>
2.3 STREET ADDRESS	<b>300 South State Street</b>
2.4 CITY-ST-ZIP	<b>Syracuse, NY 13202</b>
3.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Devlin, Robert M.</b>
3.3 STREET ADDRESS	<b>300 South State Street</b>
3.4 CITY-ST-ZIP	<b>Syracuse, NY 13202</b>
4.1 TITLE	<b>VC/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Newton, Jon Paul</b>
4.3 STREET ADDRESS	<b>300 South State Street</b>
4.4 CITY-ST-ZIP	<b>Syracuse, NY 13202</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Watson, R. Stephen</b>
5.3 STREET ADDRESS	<b>300 South State Street</b>
5.4 CITY-ST-ZIP	<b>Syracuse, NY 13202</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Watson, R. Stephen</b>
6.3 STREET ADDRESS	<b>300 South State Street</b>
6.4 CITY-ST-ZIP	<b>Syracuse, NY 13202</b>

14. I do 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.

SIGNATURE: *[Signature]* February 24, 1997 (713)831-3132  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert E. Herbert, Jr., Vice President**  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)