

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90044 041 ***150.00

DOCUMENT # 809558

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/16/1953	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	13-1853201	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32399		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 607.0502 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 signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RODNEY O		1.2 NAME	MARTIN, RODNEY O., JR.	
STREET ADDRESS	300 S STATE ST		1.3 STREET ADDRESS	300 S. STATE ST.	
CITY-ST-ZIP	SYRACUSE NY		1.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
TITLE	CD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVLIN ROBERT M		2.2 NAME	FRAVEL, DAVID A.	
STREET ADDRESS	300 SOUTH STATE ST		2.3 STREET ADDRESS	300 S. STATE ST.	
CITY-ST-ZIP	SYRACUSE NY		2.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUISI, CHRISTOPHER SA		3.2 NAME	HERBERT, ROBERT F. JR.	
STREET ADDRESS	300 S STATE ST		3.3 STREET ADDRESS	300 S.STATE ST.	
CITY-ST-ZIP	SYRACUSE NY		3.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
TITLE	VCD	<input type="checkbox"/> DELETE	4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, JON PAUL		4.2 NAME	NEWTON, JON PAUL	
STREET ADDRESS	300 S STATE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY		4.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAETZ, BARBARA SHELBY		5.2 NAME	COHN, PAULETTA P.	
STREET ADDRESS	300 S STATE ST		5.3 STREET ADDRESS	300 S. STATE ST.	
CITY-ST-ZIP	SYRACUSE NY		5.4 CITY-ST-ZIP	SYRACUSE, NY 13202	
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, R. STEVE		6.2 NAME	WATSON, R. STEVE	
STREET ADDRESS	300 S STATE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY		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: Robert F. Herbert, Jr. ROBERT F. HERBERT, JR. 4/12/99 713-831-3132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

05-46698