

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 815030 (2)
1. Corporation Name
AMERICAN GENERAL LIFE INSURANCE COMPANY



300001931523
-08/26/96--01010--039
***225.00

Principal Place of Business: **2727- A ALLEN PARKWAY P O BOX 1591 HOUSTON TX 77251**
Mailing Address: **2727- A ALLEN PARKWAY P O BOX 1591 HOUSTON TX 77251**

3. Date Incorporated or Qualified: **01/30/1961** 3a. Date of Last Report: **05/01/1995**
4. FFI Number: **25-0598210** 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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON BUILDING
TALLAHASSEE FL 32399-0300**

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 officer 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	VPC <input type="checkbox"/> DELETE	1. TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, ROBERT F	12. NAME	
STREET ADDRESS	2727-A ALLEN PKWY	13. STREET ADDRESS	Houston, Texas 77019
CITY-ST-ZIP	HOUSTON TX	14. CITY-ST-ZIP	SR. C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D/C <input type="checkbox"/> DELETE	2. TITLE	
NAME	HOOK, HAROLD S.	22. NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	23. STREET ADDRESS	Houston, Texas 77019
CITY-ST-ZIP	HOUSTON TX	24. CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, THOMAS B.	32. NAME	
STREET ADDRESS	2727-A ALLEN PARKWAY	33. STREET ADDRESS	Houston, Texas 77019
CITY-ST-ZIP	HOUSTON TX	34. CITY-ST-ZIP	
TITLE	TVD <input checked="" type="checkbox"/> DELETE	4. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, ZAFAR	42. NAME	Robert S. Cauthen, Jr.
STREET ADDRESS	2727-A ALLEN PARKWAY	43. STREET ADDRESS	2727-A Allen Parkway
CITY-ST-ZIP	HOUSTON TX	44. CITY-ST-ZIP	Houston, Texas 77019
TITLE	CD <input type="checkbox"/> DELETE	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, ROBERT M.	52. NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	53. STREET ADDRESS	Houston, Texas 77019
CITY-ST-ZIP	HOUSTON TX	54. CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, BILLY B	62. NAME	
STREET ADDRESS	2727- A ALLEN PARKWAY	63. STREET ADDRESS	Houston, Texas 77019
CITY-ST-ZIP	HOUSTON TX	64. CITY-ST-ZIP	

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 119.07(3)(a), 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 F. Herbert, Jr.* **Robert F. Herbert, Jr.** 6/11/96 (713) 831-3132
Farideh Farrokhi **Farideh Farrokhi** 4/30/96 (713) 831-3193
Assistant Controller

CR2E084 (12/95)

Handwritten initials and date