

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

FILED  
Mar 12 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 # 815030 (2)  
1. Corporation Name  
AMERICAN GENERAL LIFE INSURANCE COMPANY



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 77251-1591

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		01/30/1961	08/23/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip Country		28 Zip Country		25-0598210	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fec 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER 200 EAST GAINES STREET LARSON BUILDING TALLAHASSEE FL 32399-0300				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, ROBERT F		1.2 NAME		
STREET ADDRESS	2727-A ALLEN PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77019		1.4 CITY-ST-ZIP		
TITLE	D/C	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOK, HAROLD S SR.		2.2 NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77019		2.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, THOMAS B.		3.2 NAME		
STREET ADDRESS	2727-A ALLEN PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77019		3.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUTHEN, ROBERT S JR.		4.2 NAME	Martin, Jr., Rodney O.	
STREET ADDRESS	2727-A ALLEN PARKWAY		4.3 STREET ADDRESS	2727-A Allen Parkway	
CITY-ST-ZIP	HOUSTON TX 77019		4.4 CITY-ST-ZIP	Houston, TX 77019	
TITLE	CD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, ROBERT M.		5.2 NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77019		5.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, BILLY B		6.2 NAME		
STREET ADDRESS	2727-A ALLEN PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77019		6.4 CITY-ST-ZIP		

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]* Chief Financial Officer (713) 2/24/97 831-3132

CP2E034 (9/96)