

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

**FILED**  
**Mar 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>2727-A ALLEN PARKWAY P O BOX 1591 HOUSTON TX 77251</b>	Mailing Address <b>2727-A ALLEN PARKWAY P O BOX 1591 HOUSTON TX 77251</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/30/1961</b>		4. FEI Number <b>25-0598210</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23 Zip	28 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER 200 EAST GAINES STREET LARSON BUILDING TALLAHASSEE FL 32399-0300</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				<b>FL</b>		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 signature required when reinstating) DATE \_\_\_\_\_

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

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.

SIGNATURE: *[Signature]* 2-27-98 713-831-3132

CR2E034 (10/97)