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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90044 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 815030

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



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.	01/30/1961	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	25-0598210	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VDT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERBERT, ROBERT F			1.2 NAME	HERBERT, ROBERT F., JR.		
STREET ADDRESS	2727-A ALLEN PKWY			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRAVEL, DAVID			2.2 NAME			
STREET ADDRESS	2727-A ALLEN PKWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77019			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAETZ, BARBARA SHELBY			3.2 NAME	COHN, PAULETTA P.		
STREET ADDRESS	2727-A ALLEN PKWY			3.3 STREET ADDRESS	2727-A ALLEN PARKWAY		
CITY-ST-ZIP	HOUSTON TX 77019			3.4 CITY-ST-ZIP	HOUSTON, TX 77019		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, JR. R			4.2 NAME	MARTIN, RODNEY O., JR.		
STREET ADDRESS	2727-A ALLEN PARKWAY			4.3 STREET ADDRESS	2727-A ALLEN PARKWAY		
CITY-ST-ZIP	HOUSTON TX			4.4 CITY-ST-ZIP	HOUSTON, TX 77019		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	D'AGOSTINO, JAMES S.			5.2 NAME	RIDLEHUBER, RONALD H.		
STREET ADDRESS	2727-A ALLEN PKWY			5.3 STREET ADDRESS	2727-A ALLEN PARKWAY		
CITY-ST-ZIP	HOUSTON TX 77019			5.4 CITY-ST-ZIP	HOUSTON, TX 77019		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANARD, WAYNE A.			6.2 NAME	BARNARD		
STREET ADDRESS	2727-A ALLEN PKWY			6.3 STREET ADDRESS	(LAST NAME MISSPELL)		
CITY-ST-ZIP	HOUSTON TX 77019			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. 4/19/99 713-831-3132
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)