

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90254 023 ***150.00

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DOCUMENT # 833388

1. Entity Name
AMERICAN GENERAL PROPERTY INSURANCE COMPANY

Principal Place of Business Mailing Address
AMERICAN GENERAL CENTER **AMERICAN GENERAL CENTER**
NASHVILLE TN 37250 **NASHVILLE TN 37250**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
62-0929818 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

~~6. Name and Address of Current Registered Agent~~ ~~7. Name and Address of New Registered Agent~~

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHN, PAULETTA P	NAME	Tuck, Elizabeth M.
STREET ADDRESS	2929 ALLEN PARKWAY	STREET ADDRESS	70 Pine Street
CITY-ST-ZIP	HOUSTON TX 77019	CITY-ST-ZIP	New York, NY 10270
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY, MARTIN O JR	NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRITTON, DONALD W	NAME	Bender, Richard L.
STREET ADDRESS	2929 ALLEN PKWY	STREET ADDRESS	American General Center
CITY-ST-ZIP	HOUSTON TX 77019	CITY-ST-ZIP	Nashville, TN 37250
TITLE	SVP <input type="checkbox"/> Delete	TITLE	SVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, GREGORY A	NAME	Hayes, Gregory A.
STREET ADDRESS	AMERICAN GENERAL CENTER	STREET ADDRESS	American General Center
CITY-ST-ZIP	NASHVILLE TN 37250	CITY-ST-ZIP	Nashville, TN 37250
TITLE	SVP <input checked="" type="checkbox"/> Delete	TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAMPBELL, ALLEN A JR	NAME	Clark, Craig A.
STREET ADDRESS	AMERICAN GENERAL CENTER	STREET ADDRESS	American General Center
CITY-ST-ZIP	NASHVILLE TN 37250	CITY-ST-ZIP	Nashville, TN 37250
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, PEGGY T	NAME	
STREET ADDRESS	AMERICAN GENERAL CENTER	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37250	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy T. Simpson 4/4/02 615-749-2618
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)