

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90385 030 \*\*\*150.00

40051645



03292006 Chg-P CR2E034 (11/05)

4. FEI Number **62-0929818** Applied For  Not Applicable

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

**DOCUMENT # 833388**  
 1. Entity Name  
**AMERICAN GENERAL PROPERTY INSURANCE COMPANY**



Principal Place of Business  
**AMERICAN GENERAL CENTER  
 NASHVILLE, TN 37250**

Mailing Address  
**AMERICAN GENERAL CENTER  
 NASHVILLE, TN 37250**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S**  Delete

NAME **TUCK, ELIZABETH M**

STREET ADDRESS **70 PINE STREET**

CITY-ST-ZIP **NEW YORK, NY 10270**

TITLE **CD**  Delete

NAME **MARTIN, RODNEY O JR**

STREET ADDRESS **2929 ALLEN PARKWAY**

CITY-ST-ZIP **HOUSTON, TX 77019**

TITLE **PD**  Delete

NAME **MALLON, JAMES A**

STREET ADDRESS **AMERICAN GENERAL CENTER**

CITY-ST-ZIP **NASHVILLE, TN 37250**

TITLE **SVPD**  Delete

NAME **HAYES, GREGORY A**

STREET ADDRESS **AMERICAN GENERAL CENTER**

CITY-ST-ZIP **NASHVILLE, TN 37250**

TITLE **SVP**  Delete

NAME **CLARK, CRAIG W**

STREET ADDRESS **AMERICAN GENERAL CENTER**

CITY-ST-ZIP **NASHVILLE, TN 37250**

TITLE **V**  Delete

NAME **GIBSON, CHARLES K**

STREET ADDRESS **AMERICAN GENERAL CENTER**

CITY-ST-ZIP **NASHVILLE, TN 37250**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition

NAME  Change  Addition

STREET ADDRESS  Change  Addition

CITY-ST-ZIP  Change  Addition

TITLE  Change  Addition

NAME  Change  Addition

STREET ADDRESS  Change  Addition

CITY-ST-ZIP  Change  Addition

TITLE  Change  Addition

NAME **Borchert, Rick A.**

STREET ADDRESS **American General Center**

CITY-ST-ZIP **Nashville, Tn 37250**

TITLE  Change  Addition

NAME  Change  Addition

STREET ADDRESS  Change  Addition

CITY-ST-ZIP  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Charles K. Gibson* **Charles K. Gibson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/12/2006** Daytime Phone # **615-749-2499**