


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90165 006 ***150.00

DOCUMENT # F04000001881					
1. Entity Name AMERICAN GENERAL INDEMNITY COMPANY					
Principal Place of Business 1000 E. WOODFIELD ROAD SCHAUMBURG, IL 60173-4793			Mailing Address 3600 ROUTE 66 NEPTUNE, NJ 07754-1580		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLORIDA INSURANCE COMMISSIONER 200 E. GAINES STREET, LARSON BUILDING TALLAHASSEE, FL 32399-0319				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COBD	<input type="checkbox"/> Delete	TITLE	COBB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RODNEY O JR.		NAME	Martin, Rodney O Jr.	
STREET ADDRESS	1000 E. WOODFIELD ROAD		STREET ADDRESS	2929 Allen Parkway, Houston, TX 77019	
CITY-ST-ZIP	SCHAUMBURG, IL 601734793		CITY-ST-ZIP	Houston, TX 77019	
TITLE	CEOP	<input checked="" type="checkbox"/> Delete	TITLE	CEOP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEELER, WILLIAM M		NAME	Gold, Steven A.	
STREET ADDRESS	1000 E. WOODFIELD ROAD		STREET ADDRESS	3600 Route 66	
CITY-ST-ZIP	SCHAUMBURG, IL 601734793		CITY-ST-ZIP	Neptune, NJ 07754-1580	
TITLE	COOD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZOG, DAVID L		NAME	Herzog, David.L.	
STREET ADDRESS	1000 E. WOODFIELD ROAD		STREET ADDRESS	2727A Allen Parkway, Houston, TX 77019	
CITY-ST-ZIP	SCHAUMBURG, IL 601734793		CITY-ST-ZIP	Houston, TX 77019	
TITLE	CAOD	<input type="checkbox"/> Delete	TITLE	CFOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDDICK, GARY D		NAME	Swift, Christopher, J.	
STREET ADDRESS	1000 E. WOODFIELD ROAD 2929 Allen Parkway		STREET ADDRESS	2727A Allen Parkway, Houston, TX 77019	
CITY-ST-ZIP	SCHAUMBURG, IL 601734793 Houston, TX 77019		CITY-ST-ZIP	Houston, TX 77019	
TITLE	EVD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSSI, ANNE E		NAME	Tuck, Elizabeth, M.	
STREET ADDRESS	1000 E. WOODFIELD ROAD		STREET ADDRESS	70 Pine Street, New York, NY 10270	
CITY-ST-ZIP	SCHAUMBURG, IL 601734793		CITY-ST-ZIP	NY 10270	
TITLE	EV	<input checked="" type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLI, JAMES A		NAME	Bednarski, Walter E.	
STREET ADDRESS	1000 E. WOODFIELD ROAD		STREET ADDRESS	3600 Route 66, Neptune, NJ 07754-1580	
CITY-ST-ZIP	SCHAUMBURG, IL 601734793		CITY-ST-ZIP	Neptune, NJ 07754-1580	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Walter Bednarski 4/28/05 732-922-7415</u> <i>Walter Bednarski</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	