

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001881

FILED
Apr 19, 2012
Secretary of State

Entity Name: AMERICAN GENERAL INDEMNITY COMPANY

Current Principal Place of Business:

1000 E. WOODFIELD ROAD
SCHAUMBURG, IL 601734793

New Principal Place of Business:

1375 E. WOODFIELD ROAD
SUITE 300
SCHAUMBURG, IL 601734793

Current Mailing Address:

3600 ROUTE 66
NEPTUNE, NJ 077541580

New Mailing Address:

AMERICAN GENERAL CENTER
NASHVILLE, TN 37250

FEI Number: 93-0928517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INSURANCE COMMISSIONER
200 E. GAINES STREET, LARSON BUILDING
TALLAHASSEE, FL 323990319 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: FORTIN, MARY JANE
Address: 2929 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019

Title: CFO
Name: CUMMINGS, DON W
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: VPS
Name: JENNINGS, KYLE L
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: V
Name: BEAM, CHARLES E
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

Title: SVPT
Name: HAYES, GREGORY A
Address: AMERICAN GENERAL CENTER
City-St-Zip: NASHVILLE, TN 37250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES E. BEAM

V

04/19/2012

Electronic Signature of Signing Officer or Director

_____ Date