

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90057 002 ***150.00

UDC4420

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005911

1. Corporation Name
AMERICAN GENERAL FINANCE OF LOUISIANA, INC.



Principal Place of Business 601 NW SECOND ST. EVANSVILLE IN 47708	Mailing Address 601 NW SECOND ST. EVANSVILLE IN 47708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1993	
21		26		4. FEI Number 72-0536086	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POCE GEISSINGER, FREDERICK W	1.2 NAME	
STREET ADDRESS	601 NW 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V HANLEY, PHILIP M	2.2 NAME	
STREET ADDRESS	601 NW SECOND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V JERRY L GILPIN	3.2 NAME	
STREET ADDRESS	601 NW 2ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN 47708	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BINYON, BRYAN A	4.2 NAME	
STREET ADDRESS	601 NW SECOND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V HENDRIX, BENNIE D	5.2 NAME	
STREET ADDRESS	601 NW SECOND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS MARY R DEIG	6.2 NAME	
STREET ADDRESS	601 NW 2ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN 47708	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: _____ DATE: **1/11/99** DAYTIME PHONE #: **(724) 428-5597**

CR2E034 (1/1/98)