


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90478 034 ***150.00

DOCUMENT # F93000005911

1. Entity Name
AMERICAN GENERAL FINANCIAL SERVICES 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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94065926



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0536086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE GEISSINGER, FREDERICK W 601 NW 2ND STREET EVANSVILLE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JERRY L GILPIN 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS BREIVOGEL, DONALD R 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDRIX, BENNIE D 601 NW SECOND ST. EVANSVILLE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC HAYES, TIMOTHY M 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATO BLYTHE, TIMOTHY W 601 N.W. SECOND STREET EVANSVILLE, IN 477083

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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 Timothy W. Blythe Timothy W. Blythe 4/23/04 812-468-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Associate Tax Officer