

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005911

FILED
Apr 22, 2010
Secretary of State

Entity Name: AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC.

Current Principal Place of Business:

601 NW SECOND ST.
EVANSVILLE, IN 47708

New Principal Place of Business:

Current Mailing Address:

601 NW SECOND ST.
EVANSVILLE, IN 47708

New Mailing Address:

FEI Number: 72-0536086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ENGLISH, GARY J
Address: 601 NW 2ND STREET
City-St-Zip: EVANSVILLE, IN 47708

Title: DSV
Name: BREIVOGEL, DONALD R JR
Address: 601 NW 2ND ST
City-St-Zip: EVANSVILLE, IN 47708

Title: D
Name: TAYLOR, GARY L
Address: 601 NW 2ND ST
City-St-Zip: EVANSVILLE, IN 47708

Title: SVP
Name: COLE, ROBERT A
Address: 601 NW SECOND ST.
City-St-Zip: EVANSVILLE, IN 47708

Title: VPS
Name: ERKILLA, JACK R
Address: 601 NW 2ND ST
City-St-Zip: EVANSVILLE, IN 47708

Title: ATO
Name: BLYTHE, TIMOTHY W
Address: 601 N.W. SECOND STREET
City-St-Zip: EVANSVILLE, IN 477083

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: TIMOTHY W. BLYTHE

ATO

04/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date