

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 036 ***150.00

DOCUMENT # F94000002435

1. Corporation Name
AMERICAN GENERAL LIFE INSURANCE COMPANY OF PENNS
YLVANIA

Principal Place of Business Mailing Address
3600 ROUTE 66 3600 ROUTE 66
P.O. BOX 1580 P.O. BOX 1580
NEPTUNE NJ 07754-1580 NEPTUNE NJ 07754-1580
US US

2. Principal Place of Business 2a. Mailing Address
Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
City & State 27 City & State
Zip 28 Country Zip 29 Country 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
05/11/1994
4. FEI Number 23-1615213 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME STANKO, RICHARD E
STREET ADDRESS 3854 MOULIN LANE
CITY-ST-ZIP HOFFMAN ESTATES IL 60195
TITLE D DELETE
NAME MARTIN, JR RODNEY O
STREET ADDRESS 99 N POST OAK LANE #1206
CITY-ST-ZIP HOUSTON TX 77024
TITLE V DELETE
NAME MARASH, RANDY J
STREET ADDRESS 30 WOODHOLLOW DR
CITY-ST-ZIP MANALAPAN NJ 07726
TITLE T DELETE
NAME BEDNARSKI, WALTER E
STREET ADDRESS 153 FORDHAM DRIVE
CITY-ST-ZIP ABERDEEN NJ 07747
TITLE CD DELETE
NAME NEWTON, JON PAUL
STREET ADDRESS 1921 BELLEMEADE
CITY-ST-ZIP HOUSTON TX 77024
TITLE D DELETE
NAME DUNN, DAVID N
STREET ADDRESS 600 OCEANVIEW
CITY-ST-ZIP BRIELLE NJ 08730

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE V Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE CD Change Addition
2.2 NAME
2.3 STREET ADDRESS 8855 Stable Lane
2.4 CITY-ST-ZIP Houston, TX 77024
3.1 TITLE V Change Addition
3.2 NAME Felix C. Curcuru
3.3 STREET ADDRESS 1542 Osprey Court
3.4 CITY-ST-ZIP Manasquan, NJ 08736
4.1 TITLE T Change Addition
4.2 NAME Christian R. Swanson
4.3 STREET ADDRESS 745 Constitution Drive, #3
4.4 CITY-ST-ZIP Palantine, IL 60074
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE PD Change Addition
6.2 NAME William M. Keeler
6.3 STREET ADDRESS 670 Little Silver Point Road
6.4 CITY-ST-ZIP Little Silver, NJ 07739

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: Felix Curcuru SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Felix C. Curcuru, Vice President
732-922-7499 Daytime Phone #

CR2E034 (1/98)