

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002435

1. Entity Name

AMERICAN GENERAL LIFE INSURANCE COMPANY OF PENNS

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90132 042 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3600 ROUTE 66 P.O. BOX 1580 NEPTUNE NJ 07754-1580 US	Mailing Address 3600 ROUTE 66 P.O. BOX 1580 NEPTUNE NJ 07754-1580 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-1615213	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANKO, RICHARD E 3854 MOULIN LANE HOFFMAN ESTATES IL 60195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARTIN, JR RODNEY O 8855 STABLE LANE HOUSTON TX 77024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Keeler, William M. 670 Little Silver Point Road Little Silver, NJ 07739 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURCURU, FELIX 1542 OSPREY COURT MANALAPAN NJ 07726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Manasquan, NJ 08736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWANSON, CHRISTIAN 745 CONSTITUTION DR 3 PLANTATION FL 60074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NEWTON, JON PAUL 1921 BELLEMEADE HOUSTON TX 77024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Thome, Alfred N. 107 Carmel Circle Holmdel, NJ 07733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DAVID N 600 OCEANVIEW BRIELLE NJ 08730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Leary, William J. 507 Lakeshore Drive, N. Barrington, IL 60010

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Felix Curcuru* **Felix Curcuru** **4/20/00** **(732) 922-7499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)