

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004050 (9)
 1. Corporation Name
AMERICAN GENERAL FINANCE OF INDIANA, INC.



Principal Place of Business 601 N.W. SECOND STREET EVANSVILLE IN 47708	Mailing Address 601 N.W. SECOND STREET EVANSVILLE IN 47708-1013
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 08/22/1995	3a. Date of Last Report 03/04/1996
4. FEI Number 35-6035235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	GEISSINGER, FREDERICK W.	
STREET ADDRESS	601 NW 2ND STREET	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAKER, WAYNE D	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, GARY M	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANLEY, PHILIP M	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BINYON, BRYAN A	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV POELKER, JOHN S.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DVS
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS LEDBETTER, JEFFREY L.
6.3 STREET ADDRESS	601 NW 2ND ST.
6.4 CITY-ST-ZIP	EVANSVILLE, IN 47708

14. I do 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.

SIGNATURE: *[Signature]* **GARY M. SMITH** 4/23/97 (812) 468-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)