


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 015 ***150.00

DOCUMENT # P11093

1. Entity Name
AMERICAN GENERAL FINANCIAL SERVICES OF AMERICA, INC.




Principal Place of Business
**LEGAL DEPT
 601 NW 2ND ST
 EVANSVILLE, IN 47708**

Mailing Address
**LEGAL DEPT
 601 NW 2ND ST
 EVANSVILLE, IN 47708**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

400



04022007 Chg-P CR2E034 (12/06)

4. FEI Number
23-2416228

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRCHNER, LEE G			NAME			
STREET ADDRESS	601 NW 2ND ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE, IN 47708			CITY-ST-ZIP			
TITLE	PO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLELLAN, MICHAEL L			NAME			
STREET ADDRESS	601 NW 2ND ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE, IN 47708			CITY-ST-ZIP			
TITLE	DCFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREIVOGEL, DONALD R JR			NAME			
STREET ADDRESS	601 NW 2ND ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE, IN 47708			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOEWENKAMP, STEPHEN H			NAME			
STREET ADDRESS	601 N W 2ND ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE, IN 47700			CITY-ST-ZIP			
TITLE	DVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABER, THOMAS D			NAME			
STREET ADDRESS	601 NW 2ND ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE, IN 47708			CITY-ST-ZIP			
TITLE	TO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLYTHE; TIMOTHY W			NAME			
STREET ADDRESS	601 NW SECOND ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE, IN 47708			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/18/07 812-424-8031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Associate Tax Officer