

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90026 017 ***550.00

DOCUMENT # P29151

1. Entity Name

AMERICAN GENERAL INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

2727 ALLEN PARKWAY
 290
 HOUSTON TX 77019
 US

2727 ALLEN PARKWAY
 290
 HOUSTON TX 77019-2115
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1538461

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD KOVACH, PAUL F**
 STREET ADDRESS **2727 ALLEN PKWY, SUITE 290**
 CITY-ST-ZIP **HOUSTON TX**

TITLE Change Addition
 NAME **VICE PRESIDENT SANDER J. RESSLER**
 STREET ADDRESS **2727 ALLEN PKWY, STE. 290**
 CITY-ST-ZIP **HOUSTON, TX 77019**

TITLE Delete
 NAME **V SCHNEIDER, DONALD A**
 STREET ADDRESS **2200 WESTPORT PLAZA DR SUITE 220**
 CITY-ST-ZIP **ST LOUIS MO 63146**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S LANGEL, DEBORAH**
 STREET ADDRESS **2727 ALLEN PKWY, SUITE 290**
 CITY-ST-ZIP **HOUSTON TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T ROTH, ROBERT M**
 STREET ADDRESS **2727 ALLEN PKWY, SUITE 290**
 CITY-ST-ZIP **HOUSTON TX**

TITLE Change Addition
 NAME **TREASURER LUCILLE MARTINEZ**
 STREET ADDRESS **2727 ALLEN PKWY, STE. 290**
 CITY-ST-ZIP **HOUSTON, TX 77019**

TITLE Delete
 NAME **D MARTIN, RODNEY O JR**
 STREET ADDRESS **2727-A ALLEN PARKWAY**
 CITY-ST-ZIP **HOUSTON TX 77019**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HERBERT, ROBERT F JR**
 STREET ADDRESS **2727-A ALLEN PARKWAY**
 CITY-ST-ZIP **HOUSTON TX 77019**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Lucille Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2000
 Date

(713) 851-3806
 Daytime Phone #

CF 1094 (1-01)