2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90349 006 ***150.00

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2727-A ALLEN PARKWAY 4-G7	P.O. BOX 4868
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOUSTON, TX	
City & State	City & State: HOUSTON TX
Zip: 77019 Country: US	Zip: 77210 Country: US

4. FEI Number: 43-1538461 ☐ Applied For ☐ Not Applicable

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

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOVACH, PAUL F 2727 ALLEN PKWY,SUITE 290 HOUSTON TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHNEIDER, DONALD A 2200 WESTPORT PLAZA DR SUITE 220 ST LOUIS MO 63146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ LANGEL, DEBORAH 2727 ALLEN PKWY,SUITE 290 HOUSTON TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTINEZ, LUCILLE 2727 ALLEN PKWY,SUITE 290 HOUSTON TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MARTIN, RODNEY O JR~~ 2727-A ALLEN PARKWAY HOUSTON TX 77019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID L. HERZOG	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERBERT, ROBERT F JR 2727-A ALLEN PARKWAY HOUSTON TX 77019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP T. CLAY SPIRES 2727-A ALLEN PARKWAY, 4-G7 HOUSTON TX 77019	☐ Change ☒ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED T. CLAY SPIRES 4/29/02 713/831-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #