2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28

FILED
May 26, 2004 8:00 am
Secretary of State
04-28-2004 90299 013 ***150.00

DOCUMENT # P29151

1. Entity Name
AMERICAN GENERAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2929 ALLEN PARKWAY HOUSTON, TX 77019 US	PO BOX 4868 HOUSTON, TX 77210 US

66424158

03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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. 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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KALBAUGH, JOHN A
STREET ADDRESS	2727-A ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	V
NAME	SCHNEIDER, DONALD A
STREET ADDRESS	2200 WESTPORT PLAZA DR SUITE 220
CITY-ST-ZIP	ST LOUIS, MO 63146
TITLE	~~AVP~~ ASSISTANT TAX OFFICER
NAME	~~ANGEL, DEBORAH~~ MOORE, BARB J.
STREET ADDRESS	2727 ALLEN PKWY,SUITE 290
CITY-ST-ZIP	HOUSTON, TX
TITLE	T
NAME	MARTINEZ, LUCILLE
STREET ADDRESS	2727 ALLEN PKWY,SUITE 290
CITY-ST-ZIP	HOUSTON, TX
TITLE	D
NAME	HERZOG, DAVID L
STREET ADDRESS	2727-A ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	VP
NAME	SPIRES, T. CLAY
STREET ADDRESS	2727-A ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barb Moore BARB J. MOORE 4-16-04 713-831-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #