


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P29151 1. Entity Name AMERICAN GENERAL INSURANCE AGENCY, INC.	
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Principal Place of Business 2929 ALLEN PARKWAY HOUSTON, TX 77019 US	Mailing Address PO BOX 4868 HOUSTON, TX 77210 US
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04282005 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 <input type="checkbox"/>	\$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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000359620 05/04/05-80181-015-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KALBAUGH, JOHN A 2727-A ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHNEIDER, DONALD A 2200 WESTPORT PLAZA DR SUITE 220 ST LOUIS, MO 63146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP LANGEL, DEBORAH 2727 ALLEN PKWY, SUITE 290 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, LUCILLE 2727 ALLEN PKWY, SUITE 290 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, DAVID L 2727-A ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPIRES, T. CLAY 2727-A ALLEN PARKWAY 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)(f), 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 another like empowered.

SIGNATURE: Barb J. Moore **BARB J. MOORE** 4-28-05 713-831-39
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ASST. TAX OFFICER