

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815030

Entity Name: AMERICAN GENERAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

2727A ALLEN PARKWAY
MS 3-D1
HOUSTON, TX 77019

FILED
Jan 24, 2022
Secretary of State
0522868613CC

Current Mailing Address:

P O BOX 1591
MS 3-D1
HOUSTON, TX 77251 US

FEI Number: 25-0598210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title SR. VP & LIFE CONTROLLER
Name FILIAGGI, CHRIS PETER
Address P O BOX 1591
MS 3-D1
City-State-Zip: HOUSTON TX 77251

Title SENIOR VICE PRESIDENT & CHIEF COMPLIANCE OFFICER
Name JENNINGS, KYLE
Address 2929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title VICE PRESIDENT & SECRETARY
Name HEARNE, JULIE
Address 2929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title VP & ASSISTANT LIFE CONTROLLER
Name GERHART, LISA K
Address P.O. BOX 1591
MS 3-D1
City-State-Zip: HOUSTON TX 77251

Title VP, & APPOINTED ACTUARY
Name KOPHAMEL, FRANK A
Address P.O. BOX 1591
MS 3-D1
City-State-Zip: HOUSTON TX 77251

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FILIAGGI, CHRIS

**SR. VP & LIFE
CONTROLLER**

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date