## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 815030** 

Entity Name: AMERICAN GENERAL LIFE INSURANCE COMPANY

FILED
Jan 23, 2023
Secretary of State
6754070087CC

## **Current Principal Place of Business:**

2727A ALLEN PARKWAY MS 3-D1

HOUSTON, TX 77019

## **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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title SR. VP & LIFE CONTROLLER Title CHIEF COMPLIANCE OFFICER

Name FILIAGGI, CHRIS PETER Name JENNINGS, KYLE

Address P O BOX 1591 Address 2929 ALLEN PARKWAY

MS 3-D1 City-State-Zip: HOUSTON TX 77019

Title VP & ASSISTANT LIFE CONTROLLER

Title VICE PRESIDENT & SECRETARY

Name GERHART, LISA K

Name HEARNE, JULIE
Address P.O. BOX 1591

Address 2929 ALLEN PARKWAY MS 3-D1

v-State-Zip: HOUSTON TX 77019 City-State-Zip: HOUSTON TX 77251

City-State-Zip: HOUSTON TX 77019 City-State-Zip: HOUSTON TX 7725

Title L&R DEPUTY CHIEF ACTUARY

Name KOPHAMEL, FRANK A

Address P.O. BOX 1591 MS 3-D1

W 3-D 1

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: CHRIS FILIAGGI

SR. VP & LIFE CONTROLLER

01/23/2023