

2015 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
Mar 17, 2015
Secretary of State
CC1390922567

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 VICE PRESIDENT
Name JORGENSEN, DAVID S
Address P O BOX 1591
MS 3-D1
City-State-Zip: HOUSTON TX 77251

Title CHAIRMAN, PRESIDENT & CEO
Name SCHIMEK, ROBERT S
Address P O BOX 1591
MS 3-D1
City-State-Zip: HOUSTON TX 77251

Title S
Name JENNINGS, KYLE
Address 2929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title AS
Name HEARNE, JULIE
Address 2929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title VP
Name CAMPAGNA, MARLA
Address 777 SOUTH FIGUEROA STREET
16TH FLOOR
City-State-Zip: LOS ANGELES CA 90017-5800

Title VP
Name HONIG, KEITH
Address 777 SOUTH FIGUEROA STREET
16TH FLOOR
City-State-Zip: LOS ANGELES CA 90017-5800

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: DAVID SCOTT JORGENSEN

**VICE PRESIDENT &
CONTROLLER**

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date