

**2018 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 17, 2018**  
**Secretary of State**  
**CC0149593436**

**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 ANDERSON, CRAIG A  
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: CRAIG A. ANDERSON**

**SR. VP & LIFE  
CONTROLLER**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date