

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001881

**Entity Name:** AMERICAN GENERAL INDEMNITY COMPANY**Current Principal Place of Business:**628 HEBRON AVE.  
SUITE 106  
GLASTONBURY, CT 06033-5018**Current Mailing Address:**628 HEBRON AVENUE  
SUITE 106  
GLASTONBURY, CT 06033-5018 US**FEI Number:** 93-0928517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA INSURANCE COMMISSIONER  
200 E. GAINES STREET, LARSON BUILDING  
TALLAHASSEE, FL 32399-0319 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	PCEO
Name	WASSERMAN, WALTER N
Address	628 HEBRON AVENUE SUITE 106
City-State-Zip:	GLASTONBURY CT 06033-5018
Title	SENIOR VICE PRESIDENT
Name	TERELMES, MICHAEL R
Address	628 HEBRON AVENUE SUITE 106
City-State-Zip:	GLASTONBURY CT 06033-5018

Title	EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL, SECRETARY
Name	REPASY, CHRISTINE H
Address	628 HEBRON AVENUE SUITE 106
City-State-Zip:	GLASTONBURY CT 06033-5018
Title	CHAIRMAN
Name	KENSIL, BRIAN E
Address	628 HEBRON AVENUE SUITE 106
City-State-Zip:	GLASTONBURY CT 06033-5018

*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:** MICHAEL R TERELMES

SVP/CFO

01/30/2013

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