

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P29151

**Entity Name:** AMERICAN GENERAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

**FILED**  
**Apr 13, 2023**  
**Secretary of State**  
**4735044318CC**

**Current Mailing Address:**

2929 ALLEN PARKWAY  
HOUSTON, TX 77019 US

**FEI Number:** 43-1538461

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT  
Name GIBSON, KRISTA L.  
Address 2929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title DIRECTOR, VICE PRESIDENT, CHIEF FINANCIAL OFFICER, TREASURER  
Name BURNETTE, CYNTHIA L.  
Address 2929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

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

Title DIRECTOR  
Name RINK, VERONICA  
Address 2929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title DIRECTOR  
Name LOGAN, JOHN  
Address 2929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title DIRECTOR  
Name BRODEUR, MICHAEL J.  
Address 2929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

*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:** JULIE A. COTTON HEARNE

**SECRETARY**

**04/13/2023**

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

\_\_\_\_\_  
Date