

**2015 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 27, 2015**  
**Secretary of State**  
**CC4612717841**

**Current Mailing Address:**

2929 ALLEN PARKWAY,  
ATTN: LATOYA INGRAHAM; L7-10  
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  
Name           COPPEDGE, JIM A  
Address        2919 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title           TREASURER  
Name           PINNEY, LINDA L  
Address        2929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title           VP  
Name           ROSADO, KATHY L  
Address        2919 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title           DIRECTOR  
Name           JORGENSEN, DAVID S  
Address        2919 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

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

Title           ASST. SECRETARY  
Name           THOMAS, CRIS  
Address        2919 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 COTTON HEARNE

**SECRETARY**

**04/27/2015**

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

\_\_\_\_\_  
Date