


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION, ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **363042** (3)
1. Corporation Name
**AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF F
LORIDA**

Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276	Mailing Address ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 American General Center 27 Suite, Apt. #, etc. 28 Nashville, TN 29 Zip 30 Davidson		3. Date Incorporated or Qualified 04/20/1970	
				4. FEI Number 59-1289686	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32304				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SITTIG, JOHN J.			1.2 NAME			
STREET ADDRESS	ONE INDEPENDENT DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'AGOSTINO, JAMES S. JR			2.2 NAME	D'Agostino, James S., Jr.		
STREET ADDRESS	AMERICAN GENERAL CENTER			2.3 STREET ADDRESS	2929 Allen Parkway		
CITY-ST-ZIP	NASHVILLE TN			2.4 CITY-ST-ZIP	Houston, TX 77019		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLEY, JOE			3.2 NAME	Kelley, Joe		
STREET ADDRESS	ONE INDEPENDENT DR			3.3 STREET ADDRESS	American General Center		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Nashville, TN 37250		
TITLE	VPTD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRETT, KENT E.			4.2 NAME	Barrett, Kent E.		
STREET ADDRESS	AMERICAN GENERAL CNETER			4.3 STREET ADDRESS	American General Center		
CITY-ST-ZIP	NASHVILLE TN			4.4 CITY-ST-ZIP	Nashville, TN 37250		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, REX H			5.2 NAME			
STREET ADDRESS	AMERICAN GENERAL CENTER			5.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			5.4 CITY-ST-ZIP			
TITLE	SVPD	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEBOS, LEO J			6.2 NAME	Lebos, Leo, Jr.		
STREET ADDRESS	AMERICAN GENERAL CENTER			6.3 STREET ADDRESS	American General Center		
CITY-ST-ZIP	NASHVILLE TN			6.4 CITY-ST-ZIP	Nashville, TN 37250 SEE ATTACHED		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rex H. Roberts

1-21-98 615-749-1993

CR2E034 (1097)

AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF FLORIDA

7. SC/D
Devlin, Robert M.
2929 Allen Parkway
Houston, TX 77019
8. VC/D
Luther, Bill B.
American General Center
Nashville, TN 37250
9. VC/D
Newton, Jon P.
2929 Allen Parkway
Houston, TX 77019
10. EVP/D
Tasser, Donald J.
American General Center
Nashville, TN 37250
11. SVP/D
Buckley, Michael J.
American General Center
Nashville, TN 37250
12. SVP/D
Gibbs, Marcus C.
American General Center
Nashville, TN 37250
13. SVP/D
McReynolds, Elaine A.
American General Center
Nashville, TN 37250
14. VP
Aiken, Chris N.
American General Center
Nashville, TN 37250
15. VP
Coleman, John W.
American General Center
Nashville, TN 37250
16. VP/D
Tuters, Peter V.
2929 Allen Parkway
Houston, TX 77019