2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 363042 1. Entity Name

AMERICAN GENERAL PROPERTY INSURANCE COMPANY OF F

Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90171 036 ***150.00

| Principal Place of Business | | Mailing Address | | | | | | |
|---|---|---|---------------------|--|---|--------------------------------|---------------------|--|
| ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276 | | AMERICAN GENERAL CENTER NASHVILLE TN 37250-0001 US | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE | N THIS SPACE | | |
| 1301 Riverplace Blvd. #1500 | | const, yipti ii, etc. | | | SO NOT WHILE IN THIS GLADE | | | |
| City & State | | City & State | | 4. | FEI Number 59-1289686 | | plied For | |
| Jacksonville, Florida | | | | | | No | t Applicable | |
| Zip Country | | Zip Country | | 5. | Certificate of Status Desired | \$8.75 Add | | |
| 32207 Duva1 | | | | | 7. Name and Address of New Registered Agent | | | |
| 6. Name and Address of Current Registered Agent | | | | Name | | | | |
| INSURANCE COMMISSIONER CAPITOL BLDG | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| IALL | AHASSEE FL 32304 | City | | | | FL Zip Code | e | |
| | | *************************************** | | _ | | \ | | |
| 8. The above | named entity submits this statement for | the purpose of changing its | registered offi | ce or registered ag | ent, or both, in the State of Florid | a. | | |
| | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | Registered Agent | signature required when re | einstating) | DATE | | |
| | | | | | 1 | | | |
| Tax filing re | oration is eligible to satisfy its Intangible equirement and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St | | e \$550.00 | 10. Election Campaign Finance Trust Fund Contribution. | + | May Be I to Fees | |
| 11. | OFFICERS AND | DIRECTORS | 12. | AC | DDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS | S IN 11 | |
| TITLE | CD | ☐ Delete | TITLE | SRCD | | | Addition | |
| NAME | *************************************** | | NAME | | | | | |
| STREET ADDRESS | 2020 / 222/ / / / / / / / / / / / / / / | | STREET ADOR | - · · · · · · · · · · · · · · · · · · · | | | | |
| CITY-ST-ZIP | 10001014 1/4 11010 | | CITY-ST-ZIP | | Houston, TX 77019 CD X Chance Addition | | | |
| TITLE | KELLEY, JOE | ☐ Delete | TITLE NAME | Kelley, | Too | Change | ☐ Addition | |
| NAME STREET ADDRESS | AMERICAN GENERAL CENTER | | STREET ADDR | | n General Center | | | |
| CITY-ST-ZIP | _ | | CITY-ST-ZIP | L . | | | | |
| TITLE | B.P. | | TITLE | VCD | | x Change | Addition | |
| NAME | RODBY, CRAIG R | | | | , Donald W. | | | |
| STREET ADDRESS | | | STREET ADDR | | | | | |
| CITY-ST-ZIP | NASHVILLE TN 37250 | <u></u> | CITY-ST-ZIP | Houston | , T X 77019 | | | |
| TITLE | S | ☐ Delete | TITLE | EVPSD | | X Change | ☐ Addition | |
| NAME | ROBERTS, REX H | | NAME | | Thomas M. | | | |
| STREET ADDRESS | AMERICAN GENERAL CENTER | | STREET ADDR | | len Parkway | | | |
| CITY-ST-ZIP | NASHVILLE TN | | | | <u>, TX 77019</u> | | Addition | |
| TITLE | SVPD Lebos, Leo J | ☐ Delete | TITLE | SVP | Gregory A. | X Change | ☐ Addition | |
| NAME STREET ADDRESS | AMERICAN GENERAL CENTER | | NAME STREET ADDR | | oregory A. n General Center | | | |
| CITY-ST-ZIP | NASHVILLE TN 37250 | | CITY-ST-ZIP | 1 | le, TN 37250 | | | |
| TITLE | EVD | ☐ Delete | TITLE | | nt Secretary | X Change | Addition | |
| NAME | BUCKLEY, MICHEAL J | Delete | NAME | I | n, Peggy T. | | Terror Control | |
| STREET ADDRESS | AMERICAN GENERAL CENTER | | STREET ADDR | 1 - | an General Center | | | |
| CITY-ST-ZIP NASHVILLE TN 37250 | | | CITY-ST-ZIP | | 11e, TN 37250 | | | |
| 19 I barabu a | portification information available with | at the second | 0 | | | رز حراه محراه ، فالعدد محراه ، | oformation. | |

Inereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

∕ Peggy³T. Simpson Peggy $^{\mathcal{J}}T$.

4/3/2000

615-749-2618

Daytime Phone #