

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 363042

1. Entity Name
**AMERICAN GENERAL PROPERTY INSURANCE
COMPANY OF FLORIDA**



Principal Place of Business
**1301 RIVERPLACE BLVD #1500
JACKSONVILLE, FL 32207**

Mailing Address
**AMERICAN GENERAL CENTER
NASHVILLE, TN 37250 US**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1289686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000728191
05/07/07-80005-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MARTIN, RODNEY O JR
STREET ADDRESS	2929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	PD
NAME	MALLON, JAMES A.
STREET ADDRESS	AMERICAN GENERAL CENTER
CITY-ST-ZIP	NASHVILLE, TN 37250
TITLE	SVPD
NAME	HAYES, GREGORY A
STREET ADDRESS	AMERICAN GENERAL CENTER
CITY-ST-ZIP	NASHVILLE, TN 37250
TITLE	S
NAME	TUCK, ELIZABETH M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	V
NAME	BORCHERT, RICK A
STREET ADDRESS	AMERICAN GENERAL CENTER
CITY-ST-ZIP	NASHVILLE, TN 37250
TITLE	V
NAME	GIBSON, CHARLES K
STREET ADDRESS	AMERICAN GENERAL CENTER
CITY-ST-ZIP	NASHVILLE, TN 37250

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2007

Date

615-749-2499

Daytime Phone #