

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90168 006 \*\*\*150.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1289686**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32304**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2003, Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
NAME **MARTIN, RODNEY O JR**  
STREET ADDRESS **2929 ALLEN PARKWAY**  
CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **PD** ☐ Delete  
NAME **BENDER, RICHARD L**  
STREET ADDRESS **AMERICAN GENERAL CENTER**  
CITY-ST-ZIP **NASHVILLE TN 37250**

TITLE **SVPD** ☐ Delete  
NAME **HAYES, GREGORY A**  
STREET ADDRESS **AMERICAN GENERAL CENTER**  
CITY-ST-ZIP **NASHVILLE TN 37250**

TITLE **S** ☐ Delete  
NAME **TUCK, ELIZABETH M**  
STREET ADDRESS **70 PINE STREET**  
CITY-ST-ZIP **NEW YORK NY 10270**

TITLE **SVP** ☐ Delete  
NAME **CLARK, CRAIG A**  
STREET ADDRESS **AMERICAN GENERAL CENTER**  
CITY-ST-ZIP **NASHVILLE TN 37250**

TITLE **AS** ☐ Delete  
NAME **SIMPSON, PEGGY T**  
STREET ADDRESS **AMERICAN GENERAL CENTER**  
CITY-ST-ZIP **NASHVILLE TN 37250**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: *Peggy T. Simpson*  
SIGNATURE REQUIRED  
Typed and printed name of signing officer or director

3-10-2003

615-749-2618

CR2E034 (10/02)