

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90111 034 \*\*\*150.00

**DOCUMENT # 807243**

1. Entity Name  
**AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE  
COMPANY**



Principal Place of Business  
**% AMERICAN GENERAL CENTER  
NASHVILLE, TN 37250**

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

**24044717**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004

Chg-P...

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**62-0306330**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD  
NAME Weakley, James W ☐ Change ☒ Addition  
STREET ADDRESS American General Center  
CITY-ST-ZIP Nashville, TN 37250

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

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

TITLE SVPD  
NAME HAYES, GREORY A ☐ Delete  
STREET ADDRESS AMERICAN GENERAL CENTER  
CITY-ST-ZIP HOUSTON, TX 37250

TITLE SVPD ☒ Change ☐ Addition  
NAME Hayes, Gregory A  
STREET ADDRESS American General Center  
CITY-ST-ZIP Nashville, TN 37250

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

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

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

TITLE V  
NAME Gibson, Charles K ☐ Change ☒ Addition  
STREET ADDRESS American General Center  
CITY-ST-ZIP Nashville, TN 37250

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

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

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

*Charles K. Gibson*

**Charles K. Gibson**

**4-8-2004**

**(615) 749-2499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #