


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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
---	---

DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-0306330	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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

U00000728189
05/07/07-80005-022 150.00

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

**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:  **4-20-2007** **615-749-2499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #