.2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #807243



FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90332 032 ***150.00

	1. Enlity Name AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY					04	1-28-2008 90)332	**150.00)
ŀ	Principal Plac	e of Business	Mailing Address		I	1				
	·	I GENERAL CENTER	% AMERICAN GENI	% AMERICAN GENERAL CENTER NASHVILLE, TN 37250						
	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		- 04152008 Chg-P CR2E034 (12/06)				
City & State			City & State	City & State		4. FEI Number 62-03063	30			plied For
Zip Country			Zip	Country			5. Certificate of Status Desired See Required			
ŀ		6. Name and Address of Current Regist		itered Agent		7. Name and Ad	dress of New F	Registered A	jent	
١	OLUEE EIA	ANOIN OFFICE			Name					
١		IANCIAL OFFICER 3200 (32314-6200) INES ST				(P.O. Box Number is	s Not Acceptabl	е)		
ĺ		SSEE, FL 32399-0000								
					City			FL	Zip Code	9
ľ	8. The above the obligat	named entity submits this statemer ions of registered agent.	it for the purpose of changing	ng its register	ed office or regist	ered agent, or both, i	in the State of Fl	orida. I am la	miliar with,	and accept
	SIGNATURE.									
1		Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registere	d Agent signature requir	ed when reinstating)		DATE		
		E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee wili be \$55	9. Election Ca Trust Fund	impaign Finar Contribution.		5.00 May Be ided to Fees				
ŀ	10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
	TITLE	PD								
ſ	NAME	MALLON, JAMES A.		TITLE	:				Change	Addition
	STREET ADDRESS	,		, NAM	E				Change	Addition
	CITY - ST - 7IP	AMERICAN GENERAL CENT		NAM STRE	E ET ADDRESS				Change	Addition
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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:

Charles K. Gibson PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2008

<u>(615) 749-2499</u>