Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 808874** 1. Entity Name AMERICAN GENERAL ASSURANCE COMPANY Principal Place of Business Mailing Address 1000 WOODFIELD RD 1000 WOODFIELD RD SCHAUMBURG IL 60173 SCHAUMBURG IL 60173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-1677770 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE INSURANCE COMMISSIONER OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32304 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 Fiorida. (NOTE: Registered Agent's gnature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition KEELER, W.M. NAME NAME 3600 ROUTE 66 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE NJ 07754-1580 CITY-ST-ZIP DSRC TITLE ☐ Delete ☐ Change TITLE ☐ Addition MARTIN, RODNEY O JR NAME NAME 2929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77019 CITY - ST - ZIP DVC TITLE ☐ Delete Change Addition BRITTON, DONALD W NAME NAME 2929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77019 CITY-ST-ZiP TITLE Delete Addition TITLE ☐ Chance STANKO, R. E. MAME NAME STREET ADDRESS 1000 WOODFIELD RD STREET ADDRESS CITY-ST-ZIP SCHAUMBURG IL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addit.on NAME KEFFER, WILLIAM M 1000 WOODFIELD ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZiP SCHAUMBURG IL 60173 CITY-ST-ZIP **DVPS** TITLE De.ete TITLE Director, Exec. VP X Change ___ Addition ZUREK, THOMAS M NAME NAME 2929 ALLEN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77019** 13. 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 reforeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all other like empowered. Stenler Richard E. Stanko, Sr. VP 4/16/01

(847) 517-6000

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR