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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809558

(0)

1. Corporation Name:

AMERICAN GENERAL LIFE INSURANCE COMPANY OF NEW YORK

Principal Place of Business:

300 S STATE ST
PO BOX 1456
SYRACUSE NY 13201

Mailing Address:

300 S STATE ST
PO BOX 1456
SYRACUSE NY 13201-1456

3. Date Incorporated or Qualified 11/16/1953	3a. Date of Last Report 05/01/1996
4. FEI Number 13-1853201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State:

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28 Zip Country

29

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	MARTIN, RODNEY O	1.2 NAME	Slepicka, Robert A.
STREET ADDRESS	3 PEMBROKE HILL	1.3 STREET ADDRESS	300 South State Street
CITY-STATE-ZIP	FARMINGTON CT	1.4 CITY-STATE-ZIP	Syracuse, NY 13202
TITLE	C	2.1 TITLE	CD
NAME	DEVLIN ROBERT M	2.2 NAME	Martin Jr., Rodney O.
STREET ADDRESS	2129 BRENTWOOD DR	2.3 STREET ADDRESS	300 South State Street
CITY-STATE-ZIP	HOUSTON TX	2.4 CITY-STATE-ZIP	Syracuse, NY 13202
TITLE	VP	3.1 TITLE	CD
NAME	TUTERS PETER V	3.2 NAME	Devlin, Robert M.
STREET ADDRESS	355 KNIPP RD	3.3 STREET ADDRESS	300 South State Street
CITY-STATE-ZIP	HOUSTON TX	3.4 CITY-STATE-ZIP	Syracuse, NY 13202
TITLE	T	4.1 TITLE	VC/D
NAME	GLEAVES JAMES L	4.2 NAME	Newton, Jon Paul
STREET ADDRESS	2835 JARRARD	4.3 STREET ADDRESS	300 South State Street
CITY-STATE-ZIP	HOUSTON TX	4.4 CITY-STATE-ZIP	Syracuse, NY 13202
TITLE	S	5.1 TITLE	
NAME	SMITH, SANDRA M	5.2 NAME	
STREET ADDRESS	8638 BRIAR PATCH	5.3 STREET ADDRESS	300 South State Street
CITY-STATE-ZIP	BALDWINVILLE NY	5.4 CITY-STATE-ZIP	Syracuse, NY 13202
TITLE	V	6.1 TITLE	
NAME	WATSON, R. STEVE	6.2 NAME	Watson, R. Stephen
STREET ADDRESS	35 FENNEL STREET	6.3 STREET ADDRESS	300 South State Street
CITY-STATE-ZIP	FARMINGTON CT	6.4 CITY-STATE-ZIP	Syracuse, NY 13202

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert E. Herbert, Jr., Vice President

February 24, 1997 (713)831-3132

CR2E034 (9/96)