

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1953	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-1853201	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, RODNEY O			1.2 NAME			
STREET ADDRESS	300 S STATE ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	SYRACUSE NY			1.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEVLIN ROBERT M			2.2 NAME			
STREET ADDRESS	300 SOUTH STATE ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	SYRACUSE NY			2.4 CITY-ST-ZIP			
TITLE	PO	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SLEPICKA, ROBERT A			3.2 NAME	P/D RUISE, CHRISTOPHER SALVATORE		
STREET ADDRESS	300 SOUTH STATE ST			3.3 STREET ADDRESS	300 S. STATE ST		
CITY-ST-ZIP	SYRACUSE NY			3.4 CITY-ST-ZIP	SYRACUSE, NY		
TITLE	VCD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWTON, JOHN PAUL			4.2 NAME	NEWTON, JON PAUL		
STREET ADDRESS	300 S STATE ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	SYRACUSE NY			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, SANDRA M			5.2 NAME	BAETZ, BARBARA SHELBY		
STREET ADDRESS	300 S STATE ST			5.3 STREET ADDRESS	300 S. STATE ST		
CITY-ST-ZIP	SYRACUSE NY			5.4 CITY-ST-ZIP	SYRACUSE, NY		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATSON, R. STEVE			6.2 NAME			
STREET ADDRESS	300 S STATE ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	SYRACUSE NY			6.4 CITY-ST-ZIP			

14. 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 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]

2-27-98

713-831-3132

CR2E034 (10/97)