

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

07-28-2008 90034 039 ***150.00

DOCUMENT # 815030

1. Entity Name
AMERICAN GENERAL LIFE INSURANCE COMPANY



Principal Place of Business
**2727- A ALLEN PARKWAY
P O BOX 1591
HOUSTON, TX 77251**

Mailing Address
**2727- A ALLEN PARKWAY
P O BOX 1591
HOUSTON, TX 77251**

66016407



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082008

Chg-P

CR2E034 (12/06)

4. FEI Number

25-0598210

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SVTC	<input type="checkbox"/> Delete
NAME	HERBERT, ROBERT F JR	
STREET ADDRESS	2727-A ALLEN PKWY	
CITY- ST- ZIP	HOUSTON, TX 77019	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REDDICK, GARY D	
STREET ADDRESS	2727-A ALLEN PKWY	
CITY- ST- ZIP	HOUSTON, TX 77019	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IMHOFF, ROYCE G II	
STREET ADDRESS	2727-A ALLEN PKWY	
CITY- ST- ZIP	HOUSTON, TX 77019	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MARTIN, RODNEY O JR	
STREET ADDRESS	2727-A ALLEN PARKWAY	
CITY- ST- ZIP	HOUSTON, TX 77019	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERZOG, DAVID L	
STREET ADDRESS	2727-A ALLEN PKWY	
CITY- ST- ZIP	HOUSTON, TX 77019	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DIETZ, DAVID	
STREET ADDRESS	70 PINE STREET	
CITY- ST- ZIP	NEW YORK, NY 10268	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward F. Bacon	
STREET ADDRESS	2727-A Allen Parkway	
CITY- ST- ZIP	Houston, TX 77019	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winter, Matthew E.	
STREET ADDRESS	2929 Allen Parkway	
CITY- ST- ZIP	Houston, TX 77019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herzog, David L	
STREET ADDRESS	70 Pine Street, 39th Flr	
CITY- ST- ZIP	New York, NY 10270	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fortin, Mary Jane B.	
STREET ADDRESS	2929 Allen Parkway	
CITY- ST- ZIP	Houston, TX 77019	

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:

[Signature]

Edward F. Bacon, Vice President September 4, 2008 (713) 831-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #