
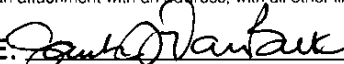


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90392 010 ***150.00

DOCUMENT # 822715 1. Entity Name THE VARIABLE ANNUITY LIFE INSURANCE COMPANY					
Principal Place of Business 2929 ALLEN PARKWAY SUITE L11-02 HOUSTON, TX 77019 US			Mailing Address 2929 ALLEN PARKWAY SUITE L11-02 HOUSTON, TX 77019 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent BAUM, ED 10006 N DALE MABRY STE 113 TAMPA, FL 33618				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVANAUGH, MARY L		NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN BECK, SARAH		NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMS, BRUCE R		NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	SVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKERS, MICHAEL J		NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	VPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FESTERVAND, TERRY		NAME		
STREET ADDRESS	2929 ALLEN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			April 12, 2006 713-831-1368		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER			Vice President, Financial Reporting		

40051961



04122006 Chg-P CR2E034 (11/05)

4. FEI Number
74-1625348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL Zip Code