


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 015 ***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 - No P.O. Box # Suite, Apt. #, etc. A6-209			3. Mailing Address Suite, Apt. #, etc. A6-20		
City & State 			City & State 		
Zip 77019-2118 Country		Zip 77019-2118 Country		4. FEI Number 74-1625348	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	EVP CAVANAUGH, MARY L 2929 ALLEN PARKWAY HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & VP Katherine L. Stoner 2929 Allen Parkway Houston, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN BECK, SARAH 2929 ALLEN PARKWAY HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Jorgensen 2929 Allen Parkway Houston, TX 77019-2118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAMS, BRUCE R 2929 ALLEN PARKWAY HOUSTON, TX 77019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP AKERS, MICHAEL J 2929 ALLEN PARKWAY HOUSTON, TX 77019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FESTERVAND, TERRY 2929 ALLEN PARKWAY HOUSTON, TX 77019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: _____		Vice President		713-831-3174	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	