

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 027 ***150.00

DOCUMENT # 822715

1. Entity Name
THE VARIABLE ANNUITY LIFE INSURANCE COMPANY



Principal Place of Business
**2929 ALLEN PARKWAY
A6-20
HOUSTON, TX 77019 US**

Mailing Address
**2929 ALLEN PARKWAY
A6-20
HOUSTON, TX 77019 US**

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
74-1625348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SV
NAME STONER, KATHERINE L
STREET ADDRESS 2929 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

TITLE V
NAME JORGENSEN, DAVID
STREET ADDRESS 2929 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

TITLE P
NAME ABRAMS, BRUCE R
STREET ADDRESS 2929 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

TITLE SVP
NAME AKERS, MICHAEL J
STREET ADDRESS 2929 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

TITLE VPT
NAME FESTERVAND, TERRY
STREET ADDRESS 2929 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Jorgensen

Date

4/29/08

Daytime Phone #

713-831-3174