2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# 822715

Entity Name: THE VARIABLE ANNUITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

2929 ALLEN PARKWAY
A6-20
HOUSTON, TX 77019 US

New Principal Place of Business:

Current Mailing Address:

2929 ALLEN PARKWAY
A6-20
HOUSTON, TX 77019 US

New Mailing Address:

FEI Number: 74-1625348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SV ( ) Delete
Name: STONER, KATHERINE L
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: V ( ) Delete
Name: JORGENSEN, DAVID
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: P ( ) Delete
Name: ABRAMS, BRUCE R
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: SVP ( ) Delete
Name: AKERS, MICHAEL J
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: VPT ( ) Delete
Name: FESTERVAND, TERRY
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change ( ) Addition
Name: MCNEAL, LOUIS
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS MCNEAL VPT 05/01/2009

Electronic Signature of Signing Officer or Director Date