

FILED

Oct 05 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827795
 1. Corporation Name
AMERICAN GENERAL ANNUITY INSURANCE COMPANY

Principal Place of Business: 2919 Allen Parkway Houston, TX 77019	Mailing Address: 2919 Allen parkway Houston, TX 77019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4/12/72	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-0770838	Applied For (Not Applicable)
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owns or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301				B1	Name	300002658303	
				B2	Street Address (P.O. Box Number, if applicable)	1000 1/2 St -- 021	
				B3	City	***550.00	
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Poulos	12 NAME	Controller/Director
STREET ADDRESS		13 STREET ADDRESS	Brent C. Nelson
CITY-ST-ZIP		14 CITY-ST-ZIP	2919 Allen Parkway Houston, TX 77019
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Artur R. McGimsey	22 NAME	Chairman/Director
STREET ADDRESS		23 STREET ADDRESS	Thomas L. West
CITY-ST-ZIP		24 CITY-ST-ZIP	2919 Allen Parkway Houston, TX 77019
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Daniel	32 NAME	CFO/Director
STREET ADDRESS		33 STREET ADDRESS	Craig R. Rodby
CITY-ST-ZIP		34 CITY-ST-ZIP	2919 Allen Parkway Houston, TX 77019
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Chief Actuary
STREET ADDRESS		43 STREET ADDRESS	Stephen G. Kellison
CITY-ST-ZIP		44 CITY-ST-ZIP	2919 Allen Parkway Houston, TX 77019
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Secretary/ Cynthia A. Tolles
STREET ADDRESS		53 STREET ADDRESS	2919 Allen Parkway
CITY-ST-ZIP		54 CITY-ST-ZIP	Houston, TX 77019
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Treasurer/Director
STREET ADDRESS		63 STREET ADDRESS	Patrick E. Grady
CITY-ST-ZIP		64 CITY-ST-ZIP	2919 Allen Parkway Houston, TX 77019

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

[Signature] 10/5/98

CHIEF CLERK (10/5/98)