

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90312 004 ***150.00

DOCUMENT # 827795

1. Entity Name
AIG ANNUITY INSURANCE COMPANY



Principal Place of Business
**205 E 10TH AVE
AMARILLO, TX 79101 US**

Mailing Address
**2919 ALLEN PKWY L11-02
HOUSTON, TX 77019 US**

041040077



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-0770838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	EPRIGHT, RANDALL W
STREET ADDRESS	2929 ALLEN PKWY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	SVPD
NAME	AKERS, MICHAEL J
STREET ADDRESS	2929 ALLEN PKWY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	DCEO
NAME	ABRAMS, BRUCE R
STREET ADDRESS	2929 ALLEN PKWY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	SVDP
NAME	CAVANAUGH, MARY L
STREET ADDRESS	2929 ALLEN PKWY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	GCS
NAME	BERNLOHR, KURT
STREET ADDRESS	2929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	VPT
NAME	FESTERVAR, TERRY B
STREET ADDRESS	2929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied 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 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

Date

Daytime Phone #

4/27/04

713-831-4356