

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90196 001 \*\*\*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**

2. Principal Place of Business

3. Mailing Address  
**2929 ALLEN PARKWAY**



Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**A6-20 ALLEN PARKWAY, L11-02**

04252006 Chg-P CR2E034 (11/05)

City & State

City & State  
**HOUSTON TX**

4. FEI Number  
**75-0770838**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**77019**

**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
EPRIGHT, RANDALL W  
2929 ALLEN PKWY  
HOUSTON, TX 77019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPD  
AKERS, MICHAEL J  
2929 ALLEN PKWY  
HOUSTON, TX 77019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
ABRAMS, BRUCE R  
2929 ALLEN PKWY  
HOUSTON, TX 77019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVDP  
CAVANAUGH, MARY L  
2929 ALLEN PKWY  
HOUSTON, TX 77019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GC  
CAVANAUGH, MARY L  
2929 ALLEN PKWY  
HOUSTON, TX 77019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
FESTERVARD, TERRY B  
2929 ALLEN PARKWAY  
HOUSTON, TX 77019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Daniel R. Cricks*

**DANIEL R. CRICKS, TAX OFFICER**

**04/25/2006**

**713-831-4356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #