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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: American General Indemnity Company
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Robert T. Starkey
(Name of Person)
AIG/American General
(Firm/Company)
3600 Route 66, MSN 4-AA
(Address)
Neptune, NJ 07754
Neptune, NJ 07754 (City/State and Zip code) For further information concerning this matter, please call: Robert T. Starkey at (732) 922-7552
For further information concerning this matter, please call:
Robert T. Starkey at (732) 922-7552 25
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314
Enclosed is a check for the following amount:
☑ \$70.00 Filing Fee Use Status ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



November 7, 2003

Mr. Lee Rivers
Florida Department of State
Registration Section, Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

RE: American General Indemnity Company

Ref. Number W03000031769

Dear Mr. Rivers:

This will confirm our telephone conversation on November 5, 2003. Enclosed is the second page of our application which was returned by Marsha Thomas, Document Specialist, because we failed to get the required signature.

Per our telephone conversation, the State of Illinois, in which the company is domiciled, does not require registration with the department of state. Also, the Department of Insurance retains originals of documents. Hence, we can supply a certified copy of the Articles of Reorganization, Certificate of Authority (already submitted), Order of Approval, Certificate of Deposit, but not originals. The only original document that we can provide is the Certificate of Compliance which is enclosed.

Thank you for your assistance in this matter.

Very truly yours,

Robert T. Starkey

Paralegal

SCCRETARY OF STATIONS
DIVISION OF CORPORATIONS
OA APR -7 AM 7: 25

American General Life Companies Group Benefits and Financial Institutions

Distributing products Issued by: AIG Life Insurance Company*, All American Life Insurance Company*,
American General Assurance Company*, American General Indemnity Company*, American General Life Insurance Company of Pennsylvania*, American General Life Insurance Company of New York,
American International Life Assurance Company of New York, Delaware American Life Insurance Company*,
North Central Life Insurance Company*, The United States Life Insurance Company in the City of New York

Members of American International Group, Inc.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 30, 2003

ROBERT T. STARKEY 3600 ROUTE 66 NSN 4-AA NEPTUNE, NJ 07754

SUBJECT: AMERICAN GENERAL INDEMNITY COMPANY

Ref. Number: W03000031769

We have received your document for AMERICAN GENERAL INDEMNITY COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 903A00059146

LIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavailable in Florida, enter alternate corpora	e name adopted for	the purpose of transacting	ng business in FI	orida)	-
			-8	,	
Illinois (State or country under the law of which it is incorpora:	3, <u>93-09</u> ;	28517 (FEI number, if app	licable)		-
		•	nousie)		
	5. Perper	tual : Year corp. will cease to			-
(Date of incorporation)	(Duration	: Year corp. will cease to	exist or perpe	iuai)	
6. upon qualification	· · · · · · · · · · · · · · · · · · ·				
(Date first transacted business in Florida. If corporation (SEE SECTIONS 6			t "upon qualifica	ation.")
(SEE SECTIONS C	77.1501, 007.1502	and 017.155, 1.5.)			
7. 1000 E. Woodfield Road, Schaumbur		-4793			-
(Principal of					
3600 Route 66, Neptune, NJ 07754			7-		-
(Current mai	ing address)			0	=
				:>> 	<u>:</u>
8. Any lawful purpose within the Sta (Purpose(s) of corporation authorized in home st	e of Florida	and out in state of Fl	awida)	-0	왕
(Purpose(s) of corporation authorized in nome so	te or country to be	carried out in state of Fig	orida)	1	유
9. Name and street address of Florida registered	gent: (P.O. Box	or Mail Drop Box <u>NO</u>	Tacceptable)	04 APR -7 AM	CRPO
Name: Florida Insurance Commiss	oner		-		
Office Address 200 F. Codmon Street. Inc.	P			25	10.E
Office Address: 200 E. Gaines Street, Lan	on Bullding			-	ູ່ບາ
Tallahassee	, Flor	rida <u>32399-0319</u>			
(City)		(Zip code)			
10. Registered agent's acceptance:					
Having been named as registered agent and to acce					
designated in this application, I hereby accept the a					
further agree to comply with the provisions of all st and I am familiar with and accept the obligations o			te performance	of my	y dutie
una 1 am jamaaar wan ana accept the obligations of	my position as re	egistereu ugena			

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:	Şe	e at	tached add	endum.	The bus	ines	ss a	ddreśs	of	a <u>l</u> l	off.	ic <u>ers</u> an	d dir	ectors
Address: _	is	the	principal	office	address	as	set	forth	in	item	# 7	above.		
Vice Chairn	nan:												·	
Address: _				- ·						-				
Director: _														
Address: _			_ :=:											
														
Director: _								•						
Address:				-			<u> </u>							
_														
B. OFFIC	ERS													
President: _														
Address:														Ξ
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Vice Preside	nt:												<u> </u>	三年 日本
Address:													<u>ا</u> ۔ حد	200 1000
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Secretary: _													- 2	, 플레
Address:														
Treasurer: _														
Address:												-		
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AMERICAN GENERAL INDEMNITY COMPANY

(Incorporated in Nebraska)

DIRECTORS

Rodney O. Martin, Jr. M. Bernard Aidinoff David R. Armstrong Anne E. Bossi Larry A. Compton David L. Herzog William M. Keeler James K. Larson Randy J. Marash Thomas McDonald Nicholas A. O'Kulich Ernest T. Patrikis Gary D. Reddick Martin J. Sullivan Scott Votava Susan J. Wilhite

CIVISION OF CORPORATIONS

OF APR - 7 AM 7: 25

OFFICERS

NAME TITLE

Rodney O. Martin, Jr. Chairman of the Board

William M. Keeler Chief Executive Officer and President

David L. Herzog Chief Operating Officer and Chief Financial Officer

Chief Administrative Officer Gary D. Reddick Anne E. Bossi Executive Vice President James A. Galli Executive Vice President Paul L. Mistretta Executive Vice President James W. Weakley **Executive Vice President** Wayne A. Barnard Senior Vice President Robert M. Beuerlein Senior Vice President Patricia A. Bosi Senior Vice President

Jeffrey H. Carlson Senior Vice President and Chief Information Officer

Phillip L. Chapman Senior Vice President

Pauletta P. Cohn Senior Vice President and Co-General Counsel

Larry A. Compton Senior Vice President Robert F. Herbert, Jr. Senior Vice President

Kyle L. Jennings Senior Vice President and Co-General Counsel
Althea R. Johnson Senior Vice President and Assistant Secretary

Glen D. Keller Senior Vice President
William J. Leary Senior Vice President
Randy J. Marash Senior Vice President
Alfred N. Thome Senior Vice President

Daniel A. Arnold Edward F. Bacon Walter E. Bednarski Robert W. Busby Joel H. Hammer Keith C. Honig Gary J. Kleinman W. Larry Mask

Gordon S. Massie Terence McSweeney Deanna D. Osmonson Rembert R. Owen, Jr.

Kristin E. Sather Richard W. Scott T. Clay Spires Rick P. Vegh S. Michael Von Stein Susan J. Wilhite Kim A. DeGennaro William W. Fish Roger E. Hahn Richard A. Mercante Alan J. Nussenblatt Sam W. Tillinghast Frank Douglas Elizabeth M. Tuck Edward F. Andrzejewski Lauren W. Jones William Woods Richard M. Zuckerman Michael B. Wedig Denise Woolf

John D. Fleming

Vice President Vice President

Vice President, Controller and Treasurer

Vice President and Actuary

Vice President Vice President

Vice President and Real Estate Investment Officer Vice President, Real Estate Investment Officer and

Assistant Secretary

Vice President Vice President

Vice President and Chief Compliance Officer Vice President, Real Estate Investment Officer and Assistant Secretary

Vice President

Vice President and Chief Investment Officer Vice President and Assistant Tax Officer

Vice President
Vice President
Vice President
Compliance Officer
Assistant Vice President
Appointed Actuary

Tax Officer
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Tax Officer
Assistant Tax Officer
Assistant Treasurer

Secretary





STATE OF ILLINOIS

DEPARTMENT OF INSURANCE 320 WEST WASHINGTON STREET SPRINGFIELD, ILLINOIS 62767-0001





I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield, Illinois.

Date: SFP 9 5 2002

Director of Insurance

IL446-0135 (9/01) Printed on Recycled Paper



Amended Certificate of Authority

Whereas, the	American General Indemnity Company	A
		7
located at Schaumburg	, Illinois , i	n the State of Illinoss
has complied with all the	requirements of the "Illinois Insurance Coo	de" applicable to said
Company:		ن

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof. To be effective August 1, 2003.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this 29 day of

J. Anthony Clark

Director of Insurance

Blank #87B-Certificate of Authority-Domestic Companies IL446-0051 (Rev. 8/99)

Applicant Name: American General Indemnity Company

NAIC No. 24376 FEIN: 93-0928517

Uniform Certificate of Authority Application (UCAA) Certificate of Compliance

I, J. Anthony Clark, hereby certify that I am the*Director of Insurance of the State of Illinois

State of	Illinois
	(Domiciliary state of applicant)

Office of Director of Insurance (Commissioner, Superintendent, Officer)

^{*} Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

^{**} Lines of Insurance as shown on Form 3 of UCAA