


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90165 006 ***150.00

DOCUMENT # F04000001881 1. Entity Name AMERICAN GENERAL INDEMNITY COMPANY					
Principal Place of Business 1000 E. WOODFIELD ROAD SCHAUMBURG, IL 60173-4793			Mailing Address 3600 ROUTE 66 NEPTUNE, NJ 07754-1580		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 93-0928517	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLORIDA INSURANCE COMMISSIONER 200 E. GAINES STREET, LARSON BUILDING TALLAHASSEE, FL 32399-0319				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	COBD MARTIN, RODNEY O JR. 1000 E. WOODFIELD ROAD SCHAUMBURG, IL 601734793	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBB Martin, Rodney O Jr. 2929 Allen Parkway, Houston, TX 77019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KEELER, WILLIAM M 1000 E. WOODFIELD ROAD SCHAUMBURG, IL 601734793	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP Gold, Steven A. 3600 Route 66 Neptune, NJ 07754-1580	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD HERZOG, DAVID L 1000 E. WOODFIELD ROAD SCHAUMBURG, IL 601734793	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herzog, David.L. 2727A Allen Parkway, Houston, TX 77019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAOD REDDICK, GARY D 1000 E. WOODFIELD ROAD 2925 Allen Parkway SCHAUMBURG, IL 601734793 Houston, TX 77019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD Swift, Christopher, J. 2727A Allen Parkway, Houston, TX 77019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BOSSI, ANNE E 1000 E. WOODFIELD ROAD SCHAUMBURG, IL 601734793	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tuck, Elizabeth, M. 70 Pine Street, New York, NY 10270	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV GALLI, JAMES A 1000 E. WOODFIELD ROAD SCHAUMBURG, IL 601734793	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Bednarski, Walter E. 3600 Route 66, Neptune, NJ 07754-1580	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Walter Bednarski 4/28/05 732-922-7415 <i>Walter Bednarski</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	