2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005911

1. Entity Name



AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC. Principal Place of Business Mailing Address 601 NW SECOND ST. 601 NW SECOND ST. -----EVANSVILLE, IN 47708 EVANSVILLE, IN 47708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 72-0536086 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Change TITLE Delete ☐ Addition ENGLISH, GARY J NAME NAME **601 NW 2ND STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EVANSVILLE, IN 47708** CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition | JERRY L GILPIN NAME NAME STREET ADDRESS 601 NW 2ND ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP EVANSVILLE, IN 47708 ☐ Change ■ Addition ☐ Delete TITLE TITLE BREIVOGEL, DONALD R NAME NAME STREET ADDRESS 601 NW 2ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP EVANSVILLE, IN 47708 SVP ☐ Delete ☐ Change ☐ Addition TITLE TITLE COLE, ROBERT A NAME STREET ADDRESS STREET ADDRESS 601 NW SECOND ST. CITY-ST-ZIP CITY-ST-ZIP EVANSVILLE, IN 47708 VP/Sec./Gen. Counsel **VPSD** X Delete TITLE Change **Addition** TITLE NAME HAYES, TIMOTHY M NAME THOMAS D. GRABER 601 NW 2ND ST STREET ADDRESS STREET ADDRESS 601 N.W. SECOND ST. EVANSVILLE, IN 47708 CITY-ST-ZIP CITY-ST-ZIP EVANSVILLE, IN 47708 ☐ Delete ☐ Change Addition TITLE TITLE BLYTHE, TIMOTHY W NAME NAME STREET ADDRESS 601 N.W. SECOND STREET STREET ADDRESS CITY-ST-ZIP EVANSVILLE, IN 477083 CITY-ST-ZIP

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:

Associate

4/18/07

812-424-8031

Daytime Phone &

Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90284 020 ***150.00