

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002435

1. Entity Name

AMERICAN GENERAL LIFE INSURANCE COMPANY OF PENNS

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90132 042 \*\*\*150.00

Principal Place of Business

Mailing Address

3600 ROUTE 66  
P.O. BOX 1580  
NEPTUNE NJ 07754-1580  
US

3600 ROUTE 66  
P.O. BOX 1580  
NEPTUNE NJ 07754-1580  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1615213**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	STANKO, RICHARD E	
STREET ADDRESS	3854 MOULIN LANE	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60195	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JR RODNEY O	
STREET ADDRESS	8855 STABLE LANE	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	V	<input type="checkbox"/> Delete
NAME	CURCURU, FELIX	
STREET ADDRESS	1542 OSPREY COURT	
CITY-ST-ZIP	MANALAPAN NJ 07726	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWANSON, CHRISTIAN	
STREET ADDRESS	745 CONSTITUTION DR 3	
CITY-ST-ZIP	PLANTATION FL 60074	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, JON PAUL	
STREET ADDRESS	1921 BELLEMEADE	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNN, DAVID N	
STREET ADDRESS	600 OCEANVIEW	
CITY-ST-ZIP	BRIELLE NJ 08730	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keeler, William M.	
STREET ADDRESS	670 Little Silver Point Road	
CITY-ST-ZIP	Little Silver, NJ 07739	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Manasquan, NJ 08736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thome, Alfred N.	
STREET ADDRESS	107 Carmel Circle	
CITY-ST-ZIP	Holmdel, NJ 07733	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leary, William J.	
STREET ADDRESS	507 Lakeshore Drive, N.	
CITY-ST-ZIP	Barrington, IL 60010	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Felix Curcuru* **Felix Curcuru**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

(732) 922-7499

Daytime Phone #

CR2E034 (9/99)