

M04000003789

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 12 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04-3789

1. Limited Liability Company's Name

American General Life Companies, LLC

BK 700096644297

CR2E041 (8/05)

2. Principal Office Address

2929 Allen Pkwy

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77019

Country

USA

3. Mailing Office Address

2929 Allen Parkway

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77019

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

76-0555364

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/12/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	American General Life Insurance Company	2929 Allen Parkway	Houston, TX 77019

REINSTATEMENT 2006-2007

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 04/12/2007

Daytime Phone # 212-770-7000

Typed or printed name of signing Managing Member/Manager

Valerie-Saun Alerte, Asst. Secy. of Manager



CORPORATION SERVICE COMPANY

M04000003789

ACCOUNT NO. : 072100000032

REFERENCE : 847945 4320171

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 205.00

ORDER DATE : April 12, 2007

ORDER TIME : 11:41 AM

ORDER NO. : 847945-005

CUSTOMER NO: 4320171

FILED
07 APR 12 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

REINSTATEMENT

NAME: AMERICAN GENERAL LIFE
COMPANIES, LLC

RECEIVED
07 APR 12 PM 12:45
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS _____