

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29151

FILED
Apr 19, 2007
Secretary of State

Entity Name: AMERICAN GENERAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

2929 ALLEN PARKWAY
HOUSTON, TX 77019 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4868
HOUSTON, TX 77210 US

New Mailing Address:

FEI Number: 43-1538461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KALBAUGH, JOHN A
Address: 2727-A ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

Title: V () Delete
Name: SCHNEIDER, DONALD A
Address: 2200 WESTPORT PLAZA DR SUITE 220
City-St-Zip: ST LOUIS, MO 63146

Title: AVP () Delete
Name: LANGEL, DEBORAH
Address: 2727 ALLEN PKWY, SUITE 290
City-St-Zip: HOUSTON, TX

Title: AT () Delete
Name: FARROKHI, FARIDEH
Address: 2727 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019

Title: D () Delete
Name: REDDICK, GARY D
Address: 2727 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019

Title: VP () Delete
Name: SPIRES, T. CLAY
Address: 2727-A ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SPIRES, THOMAS C
Address: 2727-A ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. SPIRES

VP

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date