

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33219 (7)  
1. Corporation Name  
AMERICAN GENERAL SECURITIES INCORPORATED



Principal Place of Business Mailing Address  
2727 ALLEN PARKWAY, SUITE 2051  
HOUSTON TX 77019 2727 ALLEN PARKWAY, SUITE 2051  
HOUSTON TX 77019

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/20/1991		04/20/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		76-0050868		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACKSON, FRED C. JR. 1300 GULF LIFE DR. SUITE 408 JACKSONVILLE FL 32207				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	Admin Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUTHEN, ROBERT S J	1.2 NAME	Carole D. Hlozek
STREET ADDRESS	2727 ALLEN PKWY #2051	1.3 STREET ADDRESS	2727 Allen Parkway #290
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	Houston TX 77019
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH, F PAUL	2.2 NAME	
STREET ADDRESS	2727 ALLEN PKWY #2051	2.3 STREET ADDRESS	2727 Allen Pkwy #290
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAM, FREDERICK G	3.2 NAME	
STREET ADDRESS	2727 ALLEN PKWY #2051	3.3 STREET ADDRESS	2727 Allen Pkwy #290
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, THOMAS B.	4.2 NAME	
STREET ADDRESS	2727 ALLEN PKWY #2051	4.3 STREET ADDRESS	2727 Allen Pkwy #290
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, ZAFAR	5.2 NAME	
STREET ADDRESS	2727 ALLEN PKWY #2051	5.3 STREET ADDRESS	2727 Allen Pkwy #290
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, BILLY B	6.2 NAME	
STREET ADDRESS	2727 ALLEN PKWY #2051	6.3 STREET ADDRESS	2727 Allen Pkwy #290
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carole Hlozek CAROLE HLOZEK

4-11-96

(713)831-3691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)