

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR 21 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833388** (2)
1. Corporation Name
AMERICAN GENERAL PROPERTY INSURANCE COMPANY

Principal Place of Business Mailing Address
AMERICAN GENERAL CENTER **AMERICAN GENERAL CENTER**
NASHVILLE TN 37250 **NASHVILLE TN 37250**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/20/1974** 3a. Date of Last Report **03/28/1994**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 62-0929818	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	23	27	28	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
	City & State		City & State			
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
	Zip		Country			
				8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, REX H	1.2 NAME	
STREET ADDRESS	AMERICAN GENERAL CNTR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUERFF, JAMES R.	2.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AGOSTINO, JAMES S.	3.2 NAME	P/D
STREET ADDRESS	AMERICAN GENERAL CENTER	3.3 STREET ADDRESS	D'Agostino, James S., Jr.
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	American General Center N/A
TITLE	SVD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBOS, LEO JR.	4.2 NAME	
STREET ADDRESS	AMERICAN GENERAL CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	VCD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, ROBERT M.	5.2 NAME	
STREET ADDRESS	2929 ALLEN PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	SVD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, MARCUS C.	6.2 NAME	
STREET ADDRESS	AMERICAN GENERAL CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE 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 addendum.

SIGNATURE: *Rex H. Roberts* 1-16-95 615-749-1299
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Name
Rex H. Roberts

AMERICAN GENERAL PROPERTY INSURANCE COMPANY

7. **SV/D**
McCampbell, Allen A., Jr.
American General Center N/A
Nashville, TN 37250
8. **SV/D**
Tasser, Donald J.
American General Center N/A
Nashville, TN 37250
9. **SV/T**
Barrett, Kent E.
American General Center N/A
Nashville, TN 37250
10. **VP**
Bergh, Marcus B., Jr.
American General Center N/A
Nashville, TN 37250
11. **VP**
Betts, Michael A.
American General Center N/A
Nashville, TN 37250
12. **VP**
Billante, Samuel J.
American General Center N/A
Nashville, TN 37250
13. **VP**
Cobb, Alice A.
American General Center N/A
Nashville, TN 37250
14. **VP**
Coleman, John W.
American General Center N/A
Nashville, TN 37250

15. VP
Landrum, Kenneth W.
American General Center N/A
Nashville, TN 37250

16. VP
Mosley, David H.
American General Center N/A
Nashville, TN 3725

17. VP/D
Tuters, Peter V.
2929 Allen Parkway
Houston, TX 77019