

2005 FOR PROFIT CORPORATION ANNUAL REPORT


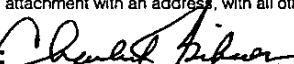
FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90290 004 ***150.00

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04122005 Chg-P CR2E034 (10/03)

| | | | |
|---|--|---|--|
| DOCUMENT # 833388 | |  | |
| 1. Entity Name AMERICAN GENERAL PROPERTY INSURANCE COMPANY | | | |
| Principal Place of Business AMERICAN GENERAL CENTER NASHVILLE, TN 37250 | | Mailing Address AMERICAN GENERAL CENTER NASHVILLE, TN 37250 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 62-0929818 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY 10270 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD MARTIN, RODNEY O JR 2929 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEKLEY, JAMES W AMERICAN GENERAL CENTER NASHVILLE, TN 37250 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Mallon, James A American General Center Nashville, TN 37250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD HAYES, GREGORY A AMERICAN GENERAL CENTER NASHVILLE, TN 37250 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP CLARK, CRAIG A AMERICAN GENERAL CENTER NASHVILLE, TN 37250 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP Clark, Craig W American General Center Nashville, TN 37250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GIBSON, CHARLES K AMERICAN GENERAL CENTER NASHVILLE, TN 37250 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Charles K. Gibson | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Daytime Phone # 615-749-2499 | |