

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90110 046 ***150.00

0523739

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 833388

1. Corporation Name
AMERICAN GENERAL PROPERTY INSURANCE COMPANY

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-0929818	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	ROBERTS, REX H
STREET ADDRESS	AMERICAN GENERAL CNTR
CITY-ST-ZIP	NASHVILLE TN
TITLE	CD <input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JAMES S JR.
STREET ADDRESS	2929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX 77019
TITLE	SVD <input type="checkbox"/> DELETE
NAME	LEBOS, LEO JR.
STREET ADDRESS	AMERICAN GENERAL CENTER
CITY-ST-ZIP	NASHVILLE TN
TITLE	SRCD <input checked="" type="checkbox"/> DELETE
NAME	DEVLIN, ROBERT M.
STREET ADDRESS	2929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX
TITLE	SVPD <input type="checkbox"/> DELETE
NAME	GIBBS, MARCUS C.
STREET ADDRESS	AMERICAN GENERAL CENTER
CITY-ST-ZIP	NASHVILLE TX 37250
TITLE	PD <input type="checkbox"/> DELETE
NAME	KELLEY, JOE
STREET ADDRESS	AMERICAN GENERAL CENTER
CITY-ST-ZIP	NASHVILLE TN 37250

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Martin, Rodney O., Jr.
2.3 STREET ADDRESS	2929 Allen Parkway
2.4 CITY-ST-ZIP	Houston, TX 77019
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **Rex H. Roberts** *Rex H. Roberts* Date: **2/9/99** Daytime Phone #: **615-749-1399**

CR2E034 (1/98)