

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90254 023 ***150.00

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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-0929818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

~~6. Name and Address of Current Registered Agent~~

~~7. Name and Address of New Registered Agent~~

**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
S
 NAME **COHN, PAULETTA P**
 STREET ADDRESS **2929 ALLEN PARKWAY**
 CITY-ST-ZIP **HOUSTON TX 77019**

TITLE Change Addition
S
 NAME **Tuck, Elizabeth M.**
 STREET ADDRESS **70 Pine Street**
 CITY-ST-ZIP **New York, NY 10270**

TITLE Delete
CD
 NAME **RODNEY, MARTIN O JR**
 STREET ADDRESS **2929 ALLEN PARKWAY**
 CITY-ST-ZIP **HOUSTON TX 77019**

TITLE Change Addition
PD
 NAME **Bender, Richard L.**
 STREET ADDRESS **American General Center**
 CITY-ST-ZIP **Nashville, TN 37250**

TITLE Delete
PD
 NAME **BRITTON, DONALD W**
 STREET ADDRESS **2929 ALLEN PKWY**
 CITY-ST-ZIP **HOUSTON TX 77019**

TITLE Change Addition
SVPD
 NAME **Hayes, Gregory A.**
 STREET ADDRESS **American General Center**
 CITY-ST-ZIP **Nashville, TN 37250**

TITLE Delete
SVP
 NAME **HAYES, GREGORY A**
 STREET ADDRESS **AMERICAN GENERAL CENTER**
 CITY-ST-ZIP **NASHVILLE TN 37250**

TITLE Change Addition
SVP
 NAME **Clark, Craig A.**
 STREET ADDRESS **American General Center**
 CITY-ST-ZIP **Nashville, TN 37250**

TITLE Delete
SVP
 NAME **MCCAMPBELL, ALLEN A JR**
 STREET ADDRESS **AMERICAN GENERAL CENTER**
 CITY-ST-ZIP **NASHVILLE TN 37250**

TITLE Change Addition
AS
 NAME **SIMPSON, PEGGY T**
 STREET ADDRESS **AMERICAN GENERAL CENTER**
 CITY-ST-ZIP **NASHVILLE TN 37250**

TITLE Delete
AS
 NAME **SIMPSON, PEGGY T**
 STREET ADDRESS **AMERICAN GENERAL CENTER**
 CITY-ST-ZIP **NASHVILLE TN 37250**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peggy T. Simpson* **PEGGY T. SIMPSON**

4/4/02

Date

615-749-2618

Daytime Phone #

CFR2E034 (9/01)