

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214519885

1.) CORPORATION NAME:

AMERICAN GENERAL LIFE INSURANCE COMPANY

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0154213**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000
PREFER	8,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2727-A ALLEN PARKWAY

CITY/ST/ZIP: HOUSTON, TX 77019

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARY JANE B FORTIN
TITLE: PRESIDENT
ADDRESS: 2727-A ALLEN PARKWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77019

OFFICER

DIRECTOR

NAME: EDWARD F BACON
TITLE: VICE PRESIDENT
ADDRESS: 2727-A ALLEN PKWY
CITY/ST/ZIP/CO: HOUSTON, TX 77019

OFFICER

DIRECTOR

NAME: ROBERT F. HERBERT JR.
TITLE: TREASURER
ADDRESS: 2727-A ALLEN PARKWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77019

OFFICER

DIRECTOR

NAME: JULIE COTTON HEARNE
TITLE: SECRETARY
ADDRESS: 2919-A ALLEN PARKWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77019

OFFICER

DIRECTOR

NAME: ROBERT M BEUERLEIN
TITLE: DIRECTOR
ADDRESS: 2727-ALLEN PARKWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77019

OFFICER

DIRECTOR

NAME: CHARLENE MCFADDEN
TITLE: ASST SECRETARY
ADDRESS: 2727-A ALLEN PARKWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77019

OFFICER

DIRECTOR

NAME: DON W. CUMMINGS TITLE: PRESIDENT ADDRESS: 2727-A ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON , TX 77019	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KYLE L. JENNINGS TITLE: DIRECTOR ADDRESS: 2727-A ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON , TX 77019	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JEFFREY H. CARLSON TITLE: DIRECTOR ADDRESS: 2727-A ALLEN PARKWAY CITY/ST/ZIP/CO: HOUSTON , TX 77019	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ JULIE COTTON HEARNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE COTTON HEARNE, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/17/2014 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				