

1.) CORPORATION NAME:

AMERICAN GENERAL PROPERTY INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

DUE DATE: **12/31/2011**

SCC ID NO: **F1363631**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 458N AMERICAN GENERAL CENTER

CITY/ST/ZIP: NASHVILLE, TN 37250-

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:	JAMES A MALLON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	458N AMERICAN GENERAL CENTER		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37250-		
NAME:	ROBERT M BEUERLEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2727 A ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019-		
NAME:	GREGORY A HAYES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	458N AMERICAN GENERAL CENTER		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37250-		
NAME:	CHARLES E BEAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	458N AMERICAN GENERAL CENTER		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37250-		
NAME:	KYLE L JENNINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2929 ALLEN PARKWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77019-		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLENE MCFADDEN	
TITLE:	ASST SECRETARY	
ADDRESS:	458N AMERICAN GENERAL CENTER	
CITY/ST/ZIP/CO:	NASHVILLE, TN 37250-	

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.

<u>/s/ CHARLENE MCFADDEN</u>	<u>CHARLENE MCFADDEN, ASST</u>	<u>10/14/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	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.