APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA for E950322 transfer of control

1. Applicant

Name: American General Finance, Inc. **Phone Number:** 812–424–8031

DBA Name: Fax Number:

Street: 601 N.W. Second Street E-Mail:

P.O. Box 59

City: Evansville State: IN

Country: USA **Zipcode:** 47701 –0059

Attention: Jack R. Erkilla

2. Contact					
Name:	Elizabeth R. Park	Phone Number:	202–637–2200		
Company:	Latham & Watkins LLP	Fax Number:	202-637-2201		
Street:	555 Eleventh St. NW	E–Mail:			
	Suite 1000				
City:	Washington	State:	DC		
Country:	USA	Zipcode:	20004 -1304		
Attention:		Relationship:	Legal Counsel		
3. Reference File Number SESLIC1995050501056					
4a. Is a fee submitted with this application?					
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).					
Governmental Enti	ty Noncommercial educati	ional licensee			
Other(please explain):					
4b. Fee Classification	CGV – Fixed Satellite VSAT Sy	ystem			
5. Type Request					
Use Prior to Grant	O Ch	nange Station Location	Other		
6. Requested Use Prior Date					
7. City		8. Latitude			
		(dd mm ss.s h)	0 0 0.0		

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0				
11. Please supply any need attachments.					
Attachment 1: Attachment A Attachment 2:	Attachment 3:				
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) See Attachment. 13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.					
14. Name of Person Signing Jack R. Erkilla	15. Title of Person Signing Deputy General Counsel				
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).					

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