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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **810065** **(3)**

1. Corporation Name

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
714 MAIN ST FT.WORTH TX 76102	714 MAIN ST FT.WORTH TX 76102

3. Date Incorporated or Qualified: **11/04/1954**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **52-0696632** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
200 E GAINES ST
LARSON BUILDING
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	DVPCFO	☐ Change ☒ Addition
NAME	SHARPE, JOHN T		1.2 NAME	MARY HANEL MCDOWELL	
STREET ADDRESS	714 MAIN ST		1.3 STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FT WORTH TX		1.4 CITY-ST-ZIP	FORT WORTH,TEXAS 76102	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, DONALD R.		2.2 NAME		
STREET ADDRESS	714 MAIN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76102		2.4 CITY-ST-ZIP		
TITLE	DVCS	☒ DELETE	3.1 TITLE	DVP	☐ Change ☒ Addition
NAME	COLE, T G		3.2 NAME	RICHARD CHARLES AGNELLO	
STREET ADDRESS	714 MAIN STREET		3.3 STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FT.WORTH TX		3.4 CITY-ST-ZIP	FORT WORTH,TEXAS 76102	
TITLE	AVPS	☒ DELETE	4.1 TITLE	DVP	☐ Change ☒ Addition
NAME	MARRAZZO, ROSS A		4.2 NAME	DIANNA LYNNE COOK	
STREET ADDRESS	714 MAIN ST		4.3 STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FT WORTH TX		4.4 CITY-ST-ZIP	FORT WORTH,TEXAS 76102	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIVER, MICHAEL A.		5.2 NAME		
STREET ADDRESS	714 MAIN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT.WORTH TX 76102		5.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LARKIN, PAULA D.		6.2 NAME		
STREET ADDRESS	714 MAIN STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT.WORTH TX 76102		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Paula D. Larkin PAULA D. LARKIN 2-23-96 (817) 390-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #