

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 810065
1. Corporation Name

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business 714 Main Street Fort Worth, TX 76102	Mailing Address 714 Main Street Fort Worth, TX 76102
--	--

3. Date Incorporated or Qualified 11/04/1954	3a. Date of Last Report 02/01/1996
---	---------------------------------------

2. Principal Place of Business 21 307 West 7th St. State, Apt. #, etc. 22 Suite 400 City & State 23 Fort Worth, TX Zip 24 76102	2a. Mailing Address 26 307 West 7th St. Suite, Apt. #, etc. 27 Suite 400 City & State 28 Fort Worth, TX Zip 29 76102	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 Street
Larson Building
Tallahassee FL 32399-0300

10. Name and Address of New Registered Agent

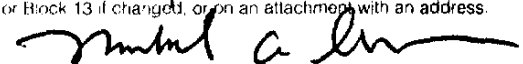
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 000002100630 -02/28/97--01005--002	84 City	85 Zip Code
		***165.00	FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPCFO Mary Hanel McDowell 714 Main Street Fort Worth, TX 76102 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DSVPCFO Buehler, Micah E 307 West 7th St., Ste 400 Fort Worth, TX 76102 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooper, Donald R. 714 Main St Fort Worth, TX 76102 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 307 West 7th St., Ste. 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Agnello, Richard Charles 714 Main St. Fort Worth, TX 76102 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 307 West 7th St., Ste. 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Cook, Dianna Lynne 714 Main Street Fort Worth, TX 76102 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 307 West 7th St., Ste. 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Griver, Michael A. 714 Main Street Fort Worth, TX 76102 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☒ Change ☐ Addition 307 West 7th St., Ste. 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Larkin, Paula D. 714 Main Street Fort Worth, TX 76102 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 307 West 7th St., Ste. 400

14. I do 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97 817-348-7501
Date Daytime Phone

CR2E034 (9/96)