

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 034 ***150.00

DOCUMENT # 810065

1. Corporation Name

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business

307 W 7TH ST. STE 400
FT.WORTH TX 76102

Mailing Address

307 W 7TH ST. STE 400
FT.WORTH TX 76102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1954

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DSVC ☐ DELETE
NAME BUEHLER, MICAH E
STREET ADDRESS 307 W 7TH ST, STE 400
CITY-ST-ZIP FT.WORTH TX 76102

TITLE D ☐ DELETE
NAME COOPER, DONALD R.
STREET ADDRESS 307 W 7TH ST, STE 400
CITY-ST-ZIP FT.WORTH TX 76102

TITLE DSVP ☐ DELETE
NAME AGNELLO, RICHARD C
STREET ADDRESS 307 W 7TH ST, STE 400
CITY-ST-ZIP FT.WORTH TX 76102

TITLE DSVP ☐ DELETE
NAME COOK, DIANNA L
STREET ADDRESS 307 W 7TH ST, STE 400
CITY-ST-ZIP FT.WORTH TX 76102

TITLE DCEO ☒ DELETE
NAME GRIVER, MICHAEL A.
STREET ADDRESS 307 W 7TH ST, STE 400
CITY-ST-ZIP FT.WORTH TX 76102

TITLE VT ☐ DELETE
NAME LARKIN, PAULA D.
STREET ADDRESS 307 W 7TH ST, STE 400
CITY-ST-ZIP FT.WORTH TX 76102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DSVP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME D/P/CEO
5.3 STREET ADDRESS Peter B. Dahlberg
5.4 CITY-ST-ZIP 307 W. 7th St., Ste. 400
Fort Worth TX 76102

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

817-348-7513

Daytime Phone #

CR2E034 (11/98)