

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 016 ***150.00

DOCUMENT # 810065

1. Entity Name
AMERICAN HEALTH AND LIFE INSURANCE COMPANY



Principal Place of Business
**3001 MEACHAM BLVD
SUITE 200
FORT WORTH, TX 76137-4697**

Mailing Address
**3001 MEACHAM BLVD
SUITE 200
FORT WORTH, TX 76137-4697**

24008735



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-0696632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City **Plantation**

FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael E. Jones

Assistant Secretary

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

(NOTE: The signature of the registered agent must be in English.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DEVP** ☒ Delete
NAME **NEAVES, DAVID R**
STREET ADDRESS **3001 MEACHAM BLVD. STE 200**
CITY-ST-ZIP **FORT WORTH, TX 761374697**

TITLE **DEVP** ☐ Change ☒ Addition
NAME **Carson, Dava S.**
STREET ADDRESS **3001 meacham Blvd. Suite 200**
CITY-ST-ZIP **Fort Worth, TX 76137 4697**

TITLE **S** ☐ Delete
NAME **HATCH, JOHN**
STREET ADDRESS **3001 MEACHAM BLVD. STE 200**
CITY-ST-ZIP **FORT WORTH, TX 761374697**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DEVP** ☐ Delete
NAME **AGNELLO, RICHARD C**
STREET ADDRESS **3001 MEACHAM BLVD. STE 200**
CITY-ST-ZIP **FORT WORTH, TX 761374697**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DSVP** ☐ Delete
NAME **COOK, DIANNA L**
STREET ADDRESS **3001 MEACHAM BLVD. STE 200**
CITY-ST-ZIP **FORT WORTH, TX 76137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
NAME **GAMBERO, DARRELL J**
STREET ADDRESS **3001 MEACHAM BLVD. STE 200**
CITY-ST-ZIP **FORT WORTH, TX 761374697**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **LARKIN, PAULA D.**
STREET ADDRESS **3001 MEACHAM BLVD. STE 200**
CITY-ST-ZIP **FORT WORTH, TX 761374697**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

Date

817-348-7527

Daytime Phone #