2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# 810065

Entity Name: AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

3001 MEACHAM BLVD
SUITE 100
FORT WORTH, TX 761374697

New Principal Place of Business:

Current Mailing Address:

3001 MEACHAM BLVD
SUITE 100
FORT WORTH, TX 761374697

New Mailing Address:

FEI Number: 52-0696632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CARSON, DAVA S
Address: 3001MEACHAM BLVD. STE. 100
City-St-Zip: FORT WORTH, TX 761374697

Title: SSVD
Name: LEHMAN, GREGG H
Address: 3001 MEACHAM BOULEVARD, STE 100
City-St-Zip: FORT WORTH, TX 76137

Title: DSV
Name: MCCORMICK, CAROLYN SUE
Address: 3001 MEACHAM BOULEVARD, STE 100
City-St-Zip: FORT WORTH, TX 76137

Title: SVD
Name: KOPPEN, MICHAEL F
Address: 3001 MEACHAM BOULEVARD, STE 100
City-St-Zip: FORT WORTH, TX 76137

Title: TD
Name: LARKIN, PAULA D
Address: 3001 MEACHAM BOULEVARD, STE 100
City-St-Zip: FORT WORTH, TX 76137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGG H. LEHMAN SSVP 01/09/2012

Electronic Signature of Signing Officer or Director — Date