

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90217 019 ***150.00

DOCUMENT # 810065

1. Entity 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**

2. Principal Place of Business

3001 Meacham Blvd.

3. Mailing Address

3001 Meacham Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Fört Worth, TX

City & State

Fört Worth, TX

Zip

76137-4697

Country

USA

Zip

76137-4697

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-0696632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER

200 E GAINES ST

LARSON BUILDING

TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DSVP BUEHLER, MICAH E	☒ Delete
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE NAME	SVP LISKOW, FREDERIC C	☒ Delete
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE NAME	DEVP AGNELLO, RICHARD C	☐ Delete
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE NAME	DSVP COOK, DIANNA L	☐ Delete
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE NAME	PCEO GAMBERO, DARRELL J	☐ Delete
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE NAME	VT LARKIN, PAULA D.	☐ Delete
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DEVP David R. Neaves	☐ Change ☒ Addition
STREET ADDRESS	3001 Meacham Blvd. Ste 200	
CITY-ST-ZIP	Fört Worth, TX 76137-4697	
TITLE NAME	S John D. Hatch	☐ Change ☒ Addition
STREET ADDRESS	3001 Meacham Blvd., Ste. 200	
CITY-ST-ZIP	Fört Worth, TX 76137-4697	
TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	3001 Meacham Blvd., Ste. 200	
CITY-ST-ZIP	Fört Worth, TX 76137-4697	
TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	3001 Meacham Blvd., Ste 200	
CITY-ST-ZIP	Fört Worth, TX 76137-4697	
TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	3001 Meacham Blvd., Ste. 200	
CITY-ST-ZIP	Fört Worth, TX 76137-4697	
TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	3001 Meacham Blvd., Ste 200	
CITY-ST-ZIP	Fört Worth, TX 76137-4697	

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

Date

Daytime Phone #

CR2E034 (10/02)