

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32979 (7)
 1. Corporation Name
THE MEGA LIFE AND HEALTH INSURANCE COMPANY



Principal Place of Business 501 WEST I-44 SERVICE ROAD SUITE 400 OKLAHOMA CITY OK 73118	Mailing Address 501 WEST I-44 SERVICE ROAD SUITE 400 OKLAHOMA CITY OK 73118-6068
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3. Date Incorporated or Qualified 02/26/1991	3a. Date of Last Report 01/30/1996
4. FEI Number 59-2213662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ESTELL, RICHARD J. 4001 MCEWEN DRIVE, #200 DALLAS TX	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENDOLA, EMMANUEL J. 4001 MCEWEN DRIVE, #200 DALLAS TX	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VLACH, ROBERT B. 4001 MCEWEN DRIVE, #200 DALLAS TX	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOELKE, VERNON R. 4001 MCEWEN DRIVE, #200 DALLAS TX	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUPTMAN, MARK D 4001 MCEWEN DR STE 200 DALLAS TX	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRATER, CHARLES T. 501 W I-44 SV RD., ST400 OKLAHOMA CITY OK	<input type="checkbox"/> DELETE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Connie Palacios
5.4 CITY-ST-ZIP	4001 McEwen Dr., Suite 200 Dallas, Texas 75244
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Connie Palacios* **REQUIRED** **Connie Palacios** **4-17-97** **(972) 960-8497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)