

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90005 031 ***150.00

DOCUMENT # P32979

1. Entity Name

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

Principal Place of Business

Mailing Address

501 WEST I-44 SERVICE ROAD
 SUITE 400
 OKLAHOMA CITY OK 73118

501 WEST I-44 SERVICE ROAD
 SUITE 400
 OKLAHOMA CITY OK 73118-6054

2. Principal Place of Business

3. Mailing Address

4001 McEwen Dr., Suite 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Dallas, Texas

4. FEI Number

59-2213662

Applied For

Not Applicable

Zip

Country

Zip

Country

75244-5082

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHSSEE FL 32399

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PCD Delete
 NAME: ESTELL, RICHARD J.
 STREET ADDRESS: 4001 MCEWEN DRIVE, #200
 CITY-ST-ZIP: DALLAS TX

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: VD Delete
 NAME: PENDOLA, EMMANUEL J.
 STREET ADDRESS: 4001 MCEWEN DRIVE, #200
 CITY-ST-ZIP: DALLAS TX

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: SD Delete
 NAME: VLACH, ROBERT B.
 STREET ADDRESS: 4001 MCEWEN DRIVE, #200
 CITY-ST-ZIP: DALLAS TX

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: VD Delete
 NAME: WOELKE, VERNON R.
 STREET ADDRESS: 4001 MCEWEN DRIVE, #200
 CITY-ST-ZIP: DALLAS TX

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: T Delete
 NAME: PALACIOS, CONNIE
 STREET ADDRESS: 4001 MCEWEN DR STE 200
 CITY-ST-ZIP: DALLAS TX

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: VD Delete
 NAME: PRATER, CHARLES T.
 STREET ADDRESS: 501 W I-44 SV RD., ST400
 CITY-ST-ZIP: OKLAHOMA CITY OK

TITLE: PCD Change Addition
 NAME: Prater, Charles T.
 STREET ADDRESS: 501 W. I-44 Service Road, suite 400
 CITY-ST-ZIP: Oklahoma City, Oklahoma

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Robert B. Vlach

Robert B. Vlach

1/25/2000

(972) 392-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)