


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 001 ***150.00

DOCUMENT # P32979
 1. Entity Name
THE MEGA LIFE AND HEALTH INSURANCE COMPANY



Principal Place of Business: **1331 W. MEMORIAL DR. SUITE 112 OKLAHOMA CITY, OK 73114**
 Mailing Address: **4001 MCEWEN DR SUITE 200 DALLAS, TX 75244-5082**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **9151 GRAPEVINE HWY**
 Suite, Apt. #, etc.

City & State: **N. RICHLAND HILLS, TX**
 Zip: **76180** Country: **US**



01062004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-2213662** Applied For: Not Applicable
 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: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

B. 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: _____ (NOTE: Registered Agent signature required when reinstating) 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: VD NAME: PENDOLA, EMMANUEL J. STREET ADDRESS: 4001 MCEWEN DRIVE, #200 CITY-ST-ZIP: DALLAS, TX	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: VLACH, ROBERT B. STREET ADDRESS: 4001 MCEWEN DRIVE, #200 CITY-ST-ZIP: DALLAS, TX	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 9151 GRAPEVINE HWY CITY-ST-ZIP: N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: PALACIOS, CONNIE STREET ADDRESS: 4001 MCEWEN DR STE 200 CITY-ST-ZIP: DALLAS, TX	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 9151 GRAPEVINE HWY CITY-ST-ZIP: N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: SIMPSON, PEGGY G STREET ADDRESS: 4001 MCEWEN DRIVE, #200 CITY-ST-ZIP: DALLAS, TX 75244	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 9151 GRAPEVINE HWY CITY-ST-ZIP: N. RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: VD NAME: MYHRA, PHILLIP J STREET ADDRESS: 9151 GRAPEVINE HWY CITY-ST-ZIP: N. RICHLAND HILLS, TX 76180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Connie Palacios **CONNIE PALACIOS** 1/8/04 (817) 255-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #