

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90010 037 ***150.00

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01042006 Chg-P CR2E034 (11/05)

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 9151 GRAPEVINE HWY NORTH RICHLAND HILLS, TX 76180				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2213662			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Applied For		Not Applicable					
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	S	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMPSON, PEGGY G		NAME	REED, GLENN W.			
STREET ADDRESS	9151 GRAPEVINE HWY		STREET ADDRESS	9151 Grapevine Highway			
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180		CITY-ST-ZIP	North Richland Hills, TX 76180			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MYHRA, PHILLIA J		NAME	GEDWED, William J.			
STREET ADDRESS	9151 GRAPEVINE HWY		STREET ADDRESS	9151 Grapevine Hwy			
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180		CITY-ST-ZIP	North Richland Hills, TX 76180			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PLATO, JAMES N		NAME	HAUPTMAN, MARK D.			
STREET ADDRESS	1331 W MEMORIAL RD, STE 112		STREET ADDRESS	9151 Grapevine Highway			
CITY-ST-ZIP	OKLAHOMA CITY, OK 73114		CITY-ST-ZIP	North Richland Hills, TX 76180			
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	PALACIOS, CONNIE			
STREET ADDRESS			STREET ADDRESS	9151 Grapevine Highway			
CITY-ST-ZIP			CITY-ST-ZIP	North Richland Hills, TX 76180			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Peggy G. Simpson</i>			Date: 1-9-06		Daytime Phone #: 972-596-5952		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							