

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 10:36

DOCUMENT # **810065** (3)

1. Corporation Name
AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
714 MAIN ST FT.WORTH TX 76102 **714 MAIN ST FT.WORTH TX 76102**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **11/04/1954** 3a. Date of Last Report **02/02/1994**
4. FEI Number **52-0696632** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
200 E GAINES ST
LARSON BUILDING
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DC
NAME SHARPE, JOHN T
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FT WORTH TX
TITLE D
NAME COOPER, DONALD R.
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FT. WORTH TX
TITLE DVS
NAME COLE, T G
STREET ADDRESS 714 MAIN STREET
CITY-ST-ZIP FT.WORTH TX
TITLE AVPS
NAME MARRAZZO, ROSS A
STREET ADDRESS 714 MAIN ST
CITY-ST-ZIP FT WORTH TX
TITLE PD
NAME GRIVER, MICHAEL A.
STREET ADDRESS 714 MAIN STREET
CITY-ST-ZIP FT.WORTH TX
TITLE VT
NAME LARKIN, PAULA D.
STREET ADDRESS 714 MAIN STREET
CITY-ST-ZIP FT.WORTH TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Fort Worth, TX 76102**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Fort Worth, TX 76102**
3.1 TITLE Change Addition
3.2 NAME **D/VC/Gen Csl/AS**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Fort Worth, TX 76102**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Fort Worth, TX 76102**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **Fort Worth, TX 76102**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **Fort Worth, TX 76102**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Ross A. Marrazzo **ROSS A. MARRAZZO** 1/20/95 817-390-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #