

**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  
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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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 #