

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 810065 (3)

1. Corporation Name
AMERICAN HEALTH AND LIFE INSURANCE COMPANY



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

3. Date Incorporated or Qualified 11/04/1954	3a. Date of Last Report 02/01/1995
4. FEI Number 52-0696632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1 1 TITLE	DVPCFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARPE, JOHN T	12 NAME	MARY HANEL MCDOWELL
STREET ADDRESS	714 MAIN ST	13 STREET ADDRESS	714 MAIN ST
CITY-ST-ZIP	FT WORTH TX	14 CITY-ST-ZIP	FORT WORTH, TEXAS 76102
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DONALD R.	22 NAME	
STREET ADDRESS	714 MAIN ST	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76102	24 CITY-ST-ZIP	
TITLE	DVCS <input checked="" type="checkbox"/> DELETE	3 1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, T G	32 NAME	RICHARD CHARLES AGNELLO
STREET ADDRESS	714 MAIN STREET	33 STREET ADDRESS	714 MAIN ST
CITY-ST-ZIP	FT.WORTH TX	34 CITY-ST-ZIP	FORT WORTH, TEXAS 76102
TITLE	AVPS <input checked="" type="checkbox"/> DELETE	4 1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRAZZO, ROSS A	42 NAME	DIANNA LYNNE COOK
STREET ADDRESS	714 MAIN ST	43 STREET ADDRESS	714 MAIN ST
CITY-ST-ZIP	FT WORTH TX	44 CITY-ST-ZIP	FORT WORTH, TEXAS 76102
TITLE	PD <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIVER, MICHAEL A.	52 NAME	
STREET ADDRESS	714 MAIN STREET	53 STREET ADDRESS	
CITY-ST-ZIP	FT.WORTH TX 76102	54 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, PAULA D.	62 NAME	
STREET ADDRESS	714 MAIN STREET	63 STREET ADDRESS	
CITY-ST-ZIP	FT.WORTH TX 76102	64 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Paula D. Larkin* PAULA D. LARKIN 2-23-96 (817) 390-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)