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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

810065

(3)

AMERICAN HEALTH AND LIFE INSURANCE COMPANY

FT.WORTH	TV 20100	Principal Place of Business Mailing Address 714 MAIN ST 714 MAIN ST									
	IA FOLUZ		FT.WORTH TX 76102								
						;	3. Date Incorporated or Qualified	3a. Date o	J Last R	leport	
							11/04/1954	02	/01/19)95	
- 1	Place of Business	2a. Mailing Address	3			1	4, FEI Number	-1		Applied For	
Suito Ant				^			52-0696632		Not Applicable		
Salte, Apt.	#, etc.	Suite, Apt. #, et	.c.			1	5. Certificate of Status Desired			5 Additional Required	
City & Stat	:e	City & State				-+	6. Election Campaign Financing		_	0 May Be	
3		28					Trust Fund Contribution			May Be d to Fees	
- Ζιρ - Ι	Country	Zφ	├ ──	ountry		1	8. This corporation has liability for in				
4	25	Current Registered Ament	30				Florida Statutes Yes				
	9, Name and Address of	Current Registered Agent		81	Name		0. Name and Address of New Ro	egistered Ag	jent		
INICHID/	THUS COLUMNOUNED				Neura	; 					
INSURANCE COMMISSIONER				82	Street	l Address (P.O. Box Number is Not Acceptable	le)		***	
200 E GAINES ST LARSON BUILDING				83							
	HASSEE FL 32399-0300										
11 100 11	MODEL I E AFAAA AAAA			84	City			FI	85 Zı	p Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida S	statutes, the at	-L-t	named c	corporation	submits this statement for the purp	page of shape	aing its r	registered office	
o registe:	rea agent, or both, in the State (of Florida. Such change was aut of, Section 607.0505, Florida Sta	thorized by the	corpo	pration's	s board of	directors. I hereby accept the appo	pintment as re	gistered	l agent. I am	
C) C'NIATURE			Marca.								
	Sturiations typied or printed name of register		(NOTE: Flegistere	ud Agen	t sgnature	required when	re-ristating)	DATE			
12.		RS AND DIRECTORS	13.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI	CERS AND D	RECTO		
11'LE	DC	DELETE		TITLE		DVPC	* =		Change	Addition	
NAME	SHARPE, JOHN T			NAME			HANEL MCDOWELL				
STREET ADDRESS	714 MAIN ST					714 M	MATN ST				
C I Y - SI - Z _i p T Tur	FT WORTH TX	Fig. bt/ bt/		CITY-S	1-21P	FORT	WORTH, TEXAS 76102		3.		
NAME	D COORED DONALD D	DELETE		TITLE				L	Change	Addition	
	COOPER, DONALD R. 714 MAIN ST			NAME							
STREET ADDRESS	FT. WORTH TX	76102			ADDRESS						
CHY-S1-ZIE Turue	DVCS	70102		CITY - \$1 TITLE	1- ZIP	DVP			Change	↑ Addition	
NAME	COLE, T G	CA section		NAME		F	ARD CHARLES AGNELLO		Change	Addition	
SEREFT ADDRESS	714 MAIN STREET				ADDRESS	714 V	and charles agnerate Tain st	J			
CHY-SI-ZIF	FT.WORTH TX			CITY-SI		1					
101.6	AVPS	Z DELETE		TITLE	1-211	DVP	WORTH, TEXAS 76102	П	Change	Addition	
NAME	MARRAZZO, ROSS A			NAME		F	IA LYNNE COOK	Name of the last	V	441 · ···	
STHEET ADDRESS	714 MAIN ST		435	STREET	ADORESS	214 M	IAIN ST			•	
City - St - ZiP	FT WORTH TX			CITY - S1			WORTH, TEXAS 76102				
1016	PD	DELETE		TITLE		Trucks	WORTH, TEARS TOTUE		Change	Addition	
NAMÉ	GRIVER, MICHAEL A.		521	NAME				 -	-	_	
STREET ADDRESS	714 MAIN STREET	77100	535	STREET	ADDRESS						
Cilly -ST-ZiP	FT.WORTH TX	76102	541	CITY-SI	F-ZiP						
TITLE	VT	DELFTE	6.1	TITLE					Change	Addition	
NAM:	Larkin, Paula D.		621	NAME							
STREET ADDRESS	714 MAIN STREET		6.3 8	STREET	address						
	FT.WORTH TX	76102	641	CITY-ST	(-ZIP						
CHY ST-ZIP											
14. I do hereb certify that	by certify that the information sur	iis annual report or supplemental	il angual report	is tri a	e and a	iccurate ani	e exemption stated in Section 119.0 of that my signature shall have the s ort as required by Chapter 607, Flo	Ha lenal ames	lact ac if	made under	

SIGNATURE: <

PAULA D. LARKIN

(<u>817)</u> 390-1700