

**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

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 52-0696632  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
City & State: 23

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23  
Zip: 24

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Country: 25  
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
200 E GAINES ST  
LARSON BUILDING  
TALLAHASSEE FL 32399-0300

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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
NAME	SHARPE, JOHN T	
STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, DONALD R.	
STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	DVCS	<input checked="" type="checkbox"/> DELETE
NAME	COLE, T G	
STREET ADDRESS	714 MAIN STREET	
CITY-ST-ZIP	FT.WORTH TX	
TITLE	AVPS	<input checked="" type="checkbox"/> DELETE
NAME	MARRAZZO, ROSS A	
STREET ADDRESS	714 MAIN ST	
CITY-ST-ZIP	FT WORTH TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIVER, MICHAEL A.	
STREET ADDRESS	714 MAIN STREET	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LARKIN, PAULA D.	
STREET ADDRESS	714 MAIN STREET	
CITY-ST-ZIP	FT.WORTH TX 76102	

11 TITLE	DVPCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARY HANEL MCDOWELL	
13 STREET ADDRESS	714 MAIN ST	
14 CITY-ST-ZIP	FORT WORTH, TEXAS 76102	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RICHARD CHARLES AGNELLO	
33 STREET ADDRESS	714 MAIN ST	
34 CITY-ST-ZIP	FORT WORTH, TEXAS 76102	
41 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DIANNA LYNNE COOK	
43 STREET ADDRESS	714 MAIN ST	
44 CITY-ST-ZIP	FORT WORTH, TEXAS 76102	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)