

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
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
29

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: 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	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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)