

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 810065  
1. Corporation Name  
**AMERICAN HEALTH AND LIFE INSURANCE COMPANY**

Principal Place of Business <b>714 Main Street Fort Worth, TX 76102</b>	Mailing Address <b>714 Main Street Fort Worth, TX 76102</b>
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3. Date Incorporated or Qualified <b>11/04/1954</b>	3a. Date of Last Report <b>02/01/1996</b>
4. FEI Number <b>52-0696632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 <b>307 West 7th St.</b>	2a. Mailing Address 26 <b>307 West 7th St.</b>
State, Apt. #, etc. 22 <b>Suite 400</b>	Suite, Apt. #, etc. 27 <b>Suite 400</b>
City & State 23 <b>Fort Worth, TX</b>	City & State 28 <b>Fort Worth, TX</b>
Zip 24 <b>76102</b>	Country 25 <b>USA</b>
Zip 29 <b>76192</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**Insurance Commissioner  
200 E Gaines Street  
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	<b>000002100630 -02/28/97--01005--002</b>
84 City	<b>***165.00 FL</b>
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

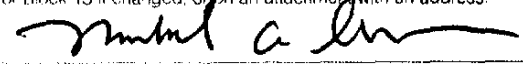
12. OFFICERS AND DIRECTORS

TITLE	<b>DVPCFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Mary Hanel McDowell</b>	
STREET ADDRESS	<b>714 Main Street</b>	
CITY-ST-ZIP	<b>Fort Worth, TX 76102</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Cooper, Donald R.</b>	
STREET ADDRESS	<b>714 Main St</b>	
CITY-ST-ZIP	<b>Fort Worth, TX 76102</b>	
TITLE	<b>DSVP</b>	<input type="checkbox"/> DELETE
NAME	<b>Agnello, Richard Charles</b>	
STREET ADDRESS	<b>714 Main St.</b>	
CITY-ST-ZIP	<b>Fort Worth, TX 76102</b>	
TITLE	<b>DSVP</b>	<input type="checkbox"/> DELETE
NAME	<b>Cook, Dianna Lynne</b>	
STREET ADDRESS	<b>714 Main Street</b>	
CITY-ST-ZIP	<b>Fort Worth, TX 76102</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Griver, Michael A.</b>	
STREET ADDRESS	<b>714 Main Street</b>	
CITY-ST-ZIP	<b>Fort Worth, TX 76102</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>Larkin, Paula D.</b>	
STREET ADDRESS	<b>714 Main Street</b>	
CITY-ST-ZIP	<b>Fort Worth, TX 76102</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DSVPCFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Buehler, Micah E</b>	
1.3 STREET ADDRESS	<b>307 West 7th St., Ste 400</b>	
1.4 CITY-ST-ZIP	<b>Fort Worth, TX 76102</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>307 West 7th St., Ste. 400</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>307 West 7th St., Ste. 400</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>307 West 7th St., Ste. 400</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>307 West 7th St., Ste. 400</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>307 West 7th St., Ste. 400</b>	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2-19-97** **817-348-7501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)