

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 714 Main Street Fort Worth, TX 76102	Mailing Address 714 Main Street Fort Worth, TX 76102
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3. Date Incorporated or Qualified 11/04/1954	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 307 West 7th St.	2a. Mailing Address 26 307 West 7th St.
22 Suite 400 City & State	27 Suite 400 City & State
23 Fort Worth, TX Zip Country	28 Fort Worth, TX Zip Country
24 76102 USA	29 76192 USA

4. FEI Number 52-0696632	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		

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 000002100630 -02/28/97--01005--002
84 City ***165.00 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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