


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. Northam</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  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 <b>11/04/1954</b>	3a. Date of Last Report <b>02/01/1996</b>
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2. Principal Place of Business 21 307 West 7th St. Suite, Apt. #, etc. 22 Suite 400 City & State 23 Fort Worth, TX Zip 24 76102 Country 25 USA	2a. Mailing Address 26 307 West 7th St. Suite, Apt. #, etc. 27 Suite 400 City & State 28 Fort Worth, TX Zip 29 76102 Country 30 USA	4. FEI Number <b>52-0696632</b>	Applied For <input type="checkbox"/> Not Applicable
		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	<b>000002100630</b> <b>-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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVPCFO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DSVPCFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Hanel McDowell	1.2 NAME	Buehler, Micah E
STREET ADDRESS	714 Main Street	1.3 STREET ADDRESS	307 West 7th St., Ste 400
CITY-ST-ZIP	Fort Worth, TX 76102	1.4 CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooper, Donald R.	2.2 NAME	
STREET ADDRESS	714 Main St	2.3 STREET ADDRESS	307 West 7th St., Ste. 400
CITY-ST-ZIP	Fort Worth, TX 76102	2.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agnello, Richard Charles	3.2 NAME	
STREET ADDRESS	714 Main St.	3.3 STREET ADDRESS	307 West 7th St., Ste. 400
CITY-ST-ZIP	Fort Worth, TX 76102	3.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Dianna Lynne	4.2 NAME	
STREET ADDRESS	714 Main Street	4.3 STREET ADDRESS	307 West 7th St., Ste. 400
CITY-ST-ZIP	Fort Worth, TX 76102	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griver, Michael A.	5.2 NAME	
STREET ADDRESS	714 Main Street	5.3 STREET ADDRESS	307 West 7th St., Ste. 400
CITY-ST-ZIP	Fort Worth, TX 76102	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larkin, Paula D.	6.2 NAME	
STREET ADDRESS	714 Main Street	6.3 STREET ADDRESS	307 West 7th St., Ste. 400
CITY-ST-ZIP	Fort Worth, TX 76102	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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97 817-348-7501  
Date Daytime Phone

CR2E034 (9/96)