

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, Apt. #, etc. Suite 400	27 Suite, Apt. #, etc. Suite 400
23 City & State Fort Worth, TX	28 City & State Fort Worth, TX
24 Zip 76102	25 Country USA
29 Zip 76192	30 Country USA

4. FEI Number 52-0696632	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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
 Yes 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 _____
(Signature typed or printed name of registered agent and title if applicable) (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: *[Signature]* **2-19-97** **817-348-7501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)