

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

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

PROF IT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 810065 (3)**

1. Corporation Name  
**AMERICAN HEALTH AND LIFE INSURANCE COMPANY**



Principal Place of Business <b>307 W 7TH ST. STE 400 FT.WORTH TX 76102</b>	Mailing Address <b>307 W 7TH ST. STE 400 FT.WORTH TX 76102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>11/04/1954</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</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>INSURANCE COMMISSIONER 200 E GAINES ST LARSON BUILDING TALLAHASSEE FL 32399-0300</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 resigning) (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DSVC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUEHLER, MICAH E</b>	1.2 NAME	
STREET ADDRESS	<b>307 W 7TH ST, STE 400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT.WORTH TX 76102</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, DONALD R.</b>	2.2 NAME	
STREET ADDRESS	<b>307 W 7TH ST, STE 400</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT.WORTH TX 76102</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGNELLO, RICHARD C</b>	3.2 NAME	
STREET ADDRESS	<b>307 W 7TH ST, STE 400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT.WORTH TX 76102</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, DIANNA L</b>	4.2 NAME	
STREET ADDRESS	<b>307 W 7TH ST, STE 400</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT.WORTH TX 76102</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIVER, MICHAEL A.</b>	5.2 NAME	
STREET ADDRESS	<b>307 W 7TH ST, STE 400</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT.WORTH TX 76102</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARKIN, PAULA D.</b>	6.2 NAME	
STREET ADDRESS	<b>307 W 7TH ST, STE 400</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT.WORTH TX 76102</b>	6.4 CITY-ST-ZIP	

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP 15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP 16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP	D/SVP  D/SVP/AS  D/CEO
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14. I 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 *Michael A. Griver*

CR2E034 (10/97)