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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 810065 (3)  
1. Corporation Name  
AMERICAN HEALTH AND LIFE INSURANCE COMPANY



Principal Place of Business

307 W 7TH ST. STE 400  
FT.WORTH TX 76102

Mailing Address

307 W 7TH ST. STE 400  
FT.WORTH TX 76102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

11/04/1954

4. FEI Number

52-0696632

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
200 E GAINES ST  
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

84 City

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE DSV  
NAME BUEHLER, MICAH E  
STREET ADDRESS 307 W 7TH ST, STE 400  
CITY-ST-ZIP FT.WORTH TX 76102

☐ DELETE

TITLE D  
NAME COOPER, DONALD R.  
STREET ADDRESS 307 W 7TH ST, STE 400  
CITY-ST-ZIP FT.WORTH TX 76102

☐ DELETE

TITLE DVP  
NAME AGNELLO, RICHARD C  
STREET ADDRESS 307 W 7TH ST, STE 400  
CITY-ST-ZIP FT.WORTH TX 76102

☐ DELETE

TITLE DVP  
NAME COOK, DIANNA L  
STREET ADDRESS 307 W 7TH ST, STE 400  
CITY-ST-ZIP FT.WORTH TX 76102

☐ DELETE

TITLE PD  
NAME GRIVER, MICHAEL A.  
STREET ADDRESS 307 W 7TH ST, STE 400  
CITY-ST-ZIP FT.WORTH TX 76102

☐ DELETE

TITLE VT  
NAME LARKIN, PAULA D.  
STREET ADDRESS 307 W 7TH ST, STE 400  
CITY-ST-ZIP FT.WORTH TX 76102

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D/SVP ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D/SVP/AS ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D/CEO ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)