

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

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DSVC	<input type="checkbox"/> DELETE
NAME	BUEHLER, MICAH E	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, DONALD R.	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	AGNELLO, RICHARD C	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	COOK, DIANNA L	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIVER, MICHAEL A.	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LARKIN, PAULA D.	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D/SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D/SVP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)