

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 034 ***150.00

05881/02

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 810065

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

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 the current year intangible Personal Property Tax. Yes No

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

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 reinstating) 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	DSVP	<input type="checkbox"/> DELETE
NAME	AGNELLO, RICHARD C	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	COOK, DIANNA L	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	DCEO	<input checked="" 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	DSVP	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/P/CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Peter B. Dahlberg	
5.3 STREET ADDRESS	307 W. 7th St., Ste. 400	
5.4 CITY-ST-ZIP	Fort Worth TX 76102	
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/5/99 DATE 817-348-7513 DAYTIME PHONE #

CR2E034 (11/98)