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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 034 ***150.00

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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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		52-0696632		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**INSURANCE COMMISSIONER
 200 E GAINES ST
 LARSON BUILDING
 TALLAHASSEE FL 32399-0300**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVC <input type="checkbox"/> DELETE	1.1 TITLE	DSVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEHLER, MICAH E	1.2 NAME	
STREET ADDRESS	307 W 7TH ST, STE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT.WORTH TX 76102	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DONALD R.	2.2 NAME	
STREET ADDRESS	307 W 7TH ST, STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT.WORTH TX 76102	2.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNELLO, RICHARD C	3.2 NAME	
STREET ADDRESS	307 W 7TH ST, STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT.WORTH TX 76102	3.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, DIANNA L	4.2 NAME	
STREET ADDRESS	307 W 7TH ST, STE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT.WORTH TX 76102	4.4 CITY-ST-ZIP	
TITLE	DCEO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/P/CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIVER, MICHAEL A.	5.2 NAME	Peter B. Dahlberg
STREET ADDRESS	307 W 7TH ST, STE 400	5.3 STREET ADDRESS	307 W. 7th St., Ste. 400
CITY-ST-ZIP	FT.WORTH TX 76102	5.4 CITY-ST-ZIP	Fort Worth TX 76102
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, PAULA D.	6.2 NAME	
STREET ADDRESS	307 W 7TH ST, STE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT.WORTH TX 76102	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 REQUIRED** 2/5/99 817-348-7513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)