

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90114 034 \*\*\*150.00

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

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE DSVP ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME D/P/CEO  
5.3 STREET ADDRESS Peter B. Dahlberg  
5.4 CITY-ST-ZIP 307 W. 7th St., Ste. 400  
Fort Worth TX 76102

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

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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

817-348-7513

Daytime Phone #

CR2E034 (11/98)