

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90095 018 \*\*\*150.00

**DOCUMENT #** 810065

1. Entity Name

**AMERICAN HEALTH AND LIFE INSURANCE COMPANY**

Principal Place of Business  
 307 W. 7th St., Ste. 400  
 Fort Worth, TX 76102

Mailing Address  
 307 W. 7th St., Ste. 400  
 Fort Worth, TX 76102-5192

**A0068234**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0696632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Insurance Commissioner~~  
 200 E. Gaines Street  
 Larson Building  
 Tallahassee FL 32399

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPC	Dahlberg, Peter B.	307 W. 7th St., Ste. 400	Fort Worth, TX 76102	<input type="checkbox"/>	<input type="checkbox"/>
DEV	Agnello, Richard C.	307 West 7th St., Suite 400	Fort Worth, TX 76102	<input type="checkbox"/>	<input type="checkbox"/>
DSVP	Cook, Dianna L.	307 W. 7th St., Ste. 400	Fort Worth, TX 76102	<input type="checkbox"/>	<input type="checkbox"/>
DSVP	Buehler, Micah E.	307 W. 7th St., Ste. 400	Fort Worth, TX 76102	<input type="checkbox"/>	<input type="checkbox"/>
DVPS	Lee, Marla D.	307 West 7th St., Ste. 400	Fort Worth, TX 76102	<input type="checkbox"/>	<input type="checkbox"/>
VT	Larkin, Paula D.	307 W. 7th St., Ste 400	Fort Worth, TX 76102	<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

817-348-7525

Daytime Phone #

CR2E034 (11/00)