

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90067 023 ***150.00

061235 AT

DOCUMENT # : 810065

1. Entity Name
AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
307 W 7TH ST, STE 400 **307 W 7TH ST, STE 400**
FT.WORTH TX 76102 **FT.WORTH TX 76102**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-0696632		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER 200 E GAINES ST LARSON BUILDING TALLAHASSEE FL 32399-0300				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BUEHLER, MICAH E 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LEE, MARLA D 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPGCS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frederic C. Liskow 307 W. 7th St., Suite 400 Fort Worth, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP AGNELLO, RICHARD C 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP COOK, DIANNA L 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DAHLBERG, PETER B 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Darrell J. Gambero 307 W. 7th St., Suite 400 Fort Worth, TX 76102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LARKIN, PAULA D. 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paula D. Larkin* 3/19/02 817-348_7501
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)