

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90067 023 ***150.00

0612235 AT

DOCUMENT # : 810065

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0696632

Applied For

Not Applicable

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 ST
LARSON BUILDING
TALLAHASSEE FL 32399-0300**

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, 2002 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	DSVP	<input type="checkbox"/> Delete
NAME	BUEHLER, MICAH E	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	LEE, MARLA D	
STREET ADDRESS	307 W 7TH ST, STE 400	
CITY-ST-ZIP	FT.WORTH TX 76102	
TITLE	DEVP	<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	DPC	<input checked="" type="checkbox"/> Delete
NAME	DAHLBERG, PETER B	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVPGCS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederic C. Liskow	
STREET ADDRESS	307 W. 7th St., Suite 400	
CITY-ST-ZIP	Fort Worth, TX 76102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darrell J. Gambero	
STREET ADDRESS	307 W. 7th St., Suite 400	
CITY-ST-ZIP	Fort Worth, TX 76102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

817-348_7501

Date

Daytime Phone #

CR2E034 (9/01)