


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90036 038 ***150.00

DOCUMENT # 810065
 1. Entity Name
AMERICAN HEALTH AND LIFE INSURANCE COMPANY



40001703



01052005 Chg-P CR2E034 (10/03)

Principal Place of Business
 3001 MEACHAM BLVD
 SUITE 200
 FORT WORTH, TX 76137-4697

Mailing Address
 3001 MEACHAM BLVD
 SUITE 200
 FORT WORTH, TX 76137-4697

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

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
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
FORT LAUDERDALE, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP CARSON, DAVA S 3001MEACHAM BLVD. STE. 200 FORT WORTH, TX 761374697	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATCH, JOHN 3001 MEACHAM BLVD. STE 200 FORT WORTH, TX 761374697	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP AGNELLO, RICHARD C 3001 MEACHAM BLVD. STE 200 FORT WORTH, TX 761374697	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP COOK, DIANNA L 3001 MEACHAM BLVD. STE 200 FORT WORTH, TX 76137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GAMBERO, DARRELL J 3001 MEACHAM BLVD. STE 200 FORT WORTH, TX 761374697	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF LARKIN, PAULA D. 3001 MEACHAM BLVD. STE 200 FORT WORTH, TX 761374697	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & SVP Lehman, Gregg H. 3001 Meacham Boulevard, Suite 200 Fort Worth, Texas 76137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP David, Patricia E 3001 Meacham Boulevard, Suite 200 Fort Worth, Texas 76137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & SVP McCormick, Carolyn Sue 3001 Meacham Boulevard, Suite 200 Fort Worth, Texas 76137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gregg H. Lehman** 1/6/2005 817/ 820-5803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**AMERICAN HEALTH AND
LIFE INSURANCE COMPANY**

A member of citigroup

ATTACHMENT

Rebecca Daniels
Legal Department

810065
3001 Meacham Boulevard
Suite 200
Fort Worth, Texas 76137

40001763

Main 817/ 348-7500
Direct 817/ 820-5854
Fax 817/ 820-5072
E-mail Rebecca.Daniels@citifinancial.com

January 10, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2005 For Profit Corporation Annual Report

To Whom It May Concern:

Enclosed please find American Health and Life Insurance Company's 2005 For Profit Corporation Annual Report, along with our check in the amount of \$150.00.

If you have any questions, do not hesitate to contact me.

Sincerely,
**AMERICAN HEALTH AND LIFE
INSURANCE COMPANY**

Rebecca Daniels

Rebecca Daniels
Legal Department

Enclosures