


**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	<b>DEVP</b> <b>CARSON, DAVA S</b> <b>3001MEACHAM BLVD. STE. 200</b> <b>FORT WORTH, TX 761374697</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director &amp; SVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HATCH, JOHN</b> <b>3001 MEACHAM BLVD. STE 200</b> <b>FORT WORTH, TX 761374697</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary &amp; SVP</b> <b>Lehman, Gregg H.</b> <b>3001 Meacham Boulevard, Suite 200</b> <b>Fort Worth, Texas 76137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP</b> <b>AGNELLO, RICHARD C</b> <b>3001 MEACHAM BLVD. STE 200</b> <b>FORT WORTH, TX 761374697</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>David, Patricia E</b> <b>3001 Meacham Boulevard, Suite 200</b> <b>Fort Worth, Texas 76137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>COOK, DIANNA L</b> <b>3001 MEACHAM BLVD. STE 200</b> <b>FORT WORTH, TX 76137</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director &amp; SVP</b> <b>McCormick, Carolyn Sue</b> <b>3001 Meacham Boulevard, Suite 200</b> <b>Fort Worth, Texas 76137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>GAMBERO, DARRELL J</b> <b>3001 MEACHAM BLVD. STE 200</b> <b>FORT WORTH, TX 761374697</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, CEO &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VF</b> <b>LARKIN, PAULA D.</b> <b>3001 MEACHAM BLVD. STE 200</b> <b>FORT WORTH, TX 761374697</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <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 #

40001763

ATTACHMENT

# 810065

**AMERICAN HEALTH AND LIFE INSURANCE COMPANY**

A member of citigroup

Rebecca Daniels  
Legal Department

3001 Meacham Boulevard  
Suite 200  
Fort Worth, Texas 76137

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