

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90217 019 \*\*\*150.00

US03439 AI

**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  
**3001 Meacham Blvd.**

3. Mailing Address  
**3001 Meacham Blvd.**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**FÖrt Worth, TX**

City & State  
**FÖrt Worth, TX**

Zip  
**76137-4697**

Country  
**USA**

Zip  
**76137-4697**

Country  
**USA**

4. FEI Number  
**52-0696632**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
200 E GAINES ST  
LARSON BUILDING  
TALLAHASSEE FL 32399-0300**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP BUEHLER, MICAH E 307 W 7TH ST, STE 400 FT.WORTH TX 76102</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPG LISKOW, FREDERIC C 307 W 7TH ST, STE 400 FT.WORTH TX 76102</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP AGNELLO, RICHARD C 307 W 7TH ST, STE 400 FT.WORTH TX 76102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP COOK, DIANNA L 307 W 7TH ST, STE 400 FT.WORTH TX 76102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO GAMBERO, DARRELL J 307 W 7TH ST, STE 400 FT.WORTH TX 76102</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT LARKIN, PAULA D. 307 W 7TH ST, STE 400 FT.WORTH TX 76102</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP David R. Neaves 3001 Meacham Blvd. Ste 200 Fört Worth, TX 76137-4697</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S John D. Hatch 3001 Meacham Blvd., Ste. 200 Fört Worth, TX 76137-4697</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3001 Meacham Blvd., Ste. 200 Fört Worth, TX 76137-4697</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3001 Meacham Blvd., Ste 200 Fört Worth, TX 76137-4697</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: *Paula D. Larkin* **2-17-03** **817-348-7501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)