

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 _____ 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, 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	DSVP BUEHLER, MICAH E 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPG LISKOW, FREDERIC C 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input checked="" type="checkbox"/> Delete
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	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	PCEO GAMBERO, DARRELL J 307 W 7TH ST, STE 400 FT.WORTH TX 76102 <input type="checkbox"/> Delete
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP David R. Neaves 3001 Meacham Blvd. Ste 200 Fört Worth, TX 76137-4697 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John D. Hatch 3001 Meacham Blvd., Ste. 200 Fört Worth, TX 76137-4697 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 Meacham Blvd., Ste. 200 Fört Worth, TX 76137-4697 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 Meacham Blvd., Ste 200 Fört Worth, TX 76137-4697 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 Meacham Blvd., Ste. 200 Fört Worth, TX 76137-4697 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3001 Meacham Blvd., Ste 200 Fört Worth, TX 76137-4697 <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)(f), 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)