2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2017
Secretary of State
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Entity Name: AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

3001 MEACHAM BLVD
SUITE 100
FORT WORTH, TX 76137-4697

Current Mailing Address:

3001 MEACHAM BLVD
SUITE 100
FORT WORTH, TX 76137-4697

FEI Number: 52-0696632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: MICHAEL JONES 01/06/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	CARSON, DAVA S
Address	3001MEACHAM BLVD. STE. 100
City-State-Zip:	FORT WORTH TX 76137-4697

Title	SVD
Name	ANDERSON, HENRYKA A
Address	3001 MEACHAM BLVD SUITE 100
City-State-Zip:	FORT WORTH TX 76137-4697

Title	TD
Name	VANWINKLE, DONNA
Address	3001 MEACHAM BOULEVARD, STE 100
City-State-Zip:	FORT WORTH TX 76137

Title	SSVD
Name	LEHMAN, GREGG H
Address	3001 MEACHAM BOULEVARD, STE 100
City-State-Zip:	FORT WORTH TX 76137

Title	SVD
Name	KOPPEN, MICHAEL F
Address	3001 MEACHAM BOULEVARD, STE 100
City-State-Zip:	FORT WORTH TX 76137

Title	DSV
Name	NEAL, RONALD D
Address	3001 MEACHAM BLVD SUITE 100
City-State-Zip:	FORT WORTH TX 76137-4697

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGG H LEHMAN SECRETARY 01/06/2017

Electronic Signature of Signing Officer/Director Detail — Date