

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002814

FILED
Jan 21, 2008
Secretary of State

Entity Name: ALTA HEALTH & LIFE INSURANCE COMPANY

Current Principal Place of Business:

10401 NORTH MERIDIAN STREET
SUITE 350
INDIANAPOLIS, IN 46290

New Principal Place of Business:

Current Mailing Address:

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

FEI Number: 59-1031071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: RIVERS, RICHARD F
Address: 8515 E ORCHARD RD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D () Delete
Name: GRAYE, MITCHELL
Address: 8515 EAST ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: DSVP () Delete
Name: ROSENBAUM, MARTIN
Address: 8515 EAST ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: VPT () Delete
Name: DERBACK, GLEN
Address: 8515 EAST ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: ACT () Delete
Name: MCCALLEN, JAMES L
Address: 8515 EAST ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: SEC () Delete
Name: SCHULTZ, RICHARD G
Address: 8525 EAST ORCHARD ROAD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD G SCHULTZ

SEC

01/21/2008

Electronic Signature of Signing Officer or Director

Date