FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32979 (7)

1. Corporation Name

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

Principal Place of Business	Mailing Address
501 WEST I-44 SERVICE ROAD SUITE 400 OKLAHOMA CITY OK 73118	501 WEST I-44 SERVICE ROAD SUITE 400 OKLAHOMA CITY OK 73118

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1991
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2213662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHSSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE		☐ Change ☐ Addition
NAME	ESTELL, RICHARD J.	1.2 NAME		
STREET ADDRESS	4001 MCEWEN DRIVE, #200	1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	PENDOLA, EMMANUEL J.	2.2 NAME		
STREET ADDRESS	4001 MCEWEN DRIVE, #200	2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SDV	☒ Change ☐ Addition
NAME	VLACH, ROBERT B.	3.2 NAME		
STREET ADDRESS	4001 MCEWEN DRIVE, #200	3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	WOELKE, VERNON R.	4.2 NAME		
STREET ADDRESS	4001 MCEWEN DRIVE, #200	4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	HAUPTMAN, MARK D	5.2 NAME		
STREET ADDRESS	4001 MCEWEN DR STE 200	5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	PRATER, CHARLES T.	6.2 NAME		
STREET ADDRESS	501 W I-44 SV RD., ST400	6.3 STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY OK	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Hauptman Mark D. Hauptman 2/17/95 (214)960-8497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0400026 FP