

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32979

1. Entity Name

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90005 031 ***150.00

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 73118-6054

2. Principal Place of Business

3. Mailing Address

4001 McEwen Dr., Suite 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Dallas, Texas

Zip

Country

Zip

Country

75244-5082

USA

4. FEI Number

59-2213662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☒ Delete
NAME ESTELL, RICHARD J.
STREET ADDRESS 4001 MCEWEN DRIVE, #200
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PENDOLA, EMMANUEL J.
STREET ADDRESS 4001 MCEWEN DRIVE, #200
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME VLACH, ROBERT B.
STREET ADDRESS 4001 MCEWEN DRIVE, #200
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WOELKE, VERNON R.
STREET ADDRESS 4001 MCEWEN DRIVE, #200
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PALACIOS, CONNIE
STREET ADDRESS 4001 MCEWEN DR STE 200
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PRATER, CHARLES T.
STREET ADDRESS 501 W I-44 SV RD., ST400
CITY-ST-ZIP OKLAHOMA CITY OK

TITLE PCD ☒ Change ☐ Addition
NAME Prater, Charles T.
STREET ADDRESS 501 W. I-44 Service Road, suite 400
CITY-ST-ZIP Oklahoma City, Oklahoma

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert B. Vlach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

Date

(972) 392-6700

Daytime Phone #

CR2E034 (9/99)