


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90122 039 \*\*\*150.00

**DOCUMENT # P32979**

1. Entity Name  
**THE MEGA LIFE AND HEALTH INSURANCE COMPANY**



Principal Place of Business  
**1331 W. MEMORIAL DR.  
 SUITE 112  
 OKLAHOMA CITY, OK 73114**

Mailing Address  
**9151 GRAPEVINE HWY  
 NORTH RICHLAND HILLS, TX 76180**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country


3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**6. Name and Address of Current Registered Agent**

**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

40080964

FFICE  
 411:29  
 ED  
 NT OF  
 SERVICES



04192005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2213662**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

**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, 2005 Fee will be \$550.00**

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	VD VLACH, ROBERT B. 9151 GRAPEVINE HWY NORTH RICHLAND HILLS, TX 76180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALACIOS, CONNIE 9151 GRAPEVINE HWY NORTH RICHLAND HILLS, TX 76180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, PEGGY G 9151 GRAPEVINE HWY NORTH RICHLAND HILLS, TX 76180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYHRA, PHILLIA J 9151 GRAPEVINE HWY NORTH RICHLAND HILLS, TX 76180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES N. PLATO 1331 W. MEMORIAL RD, STE 112 OKLAHOMA CITY, OK 73114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Palacios Date: 4/20/05 Daytime Phone #: 817-255-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR