2005 FOR PROFIT CORPORATION

ANNUAL REPORT



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

DOCUMENT # P32979 05-24-2005 90122 039 ***150.00 THE MEGA LIFE AND HEALTH INSURANCE COMPANY Principal Place of Business 40085464 Mailing Address 1331 W. MEMORIAL DR. 9151 GRAPEVINE HWY SUITE 112 NORTH RICHLAND HILLS, TX 76180 OKLAHOMA CITY, OK 73114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4 FEI Number 59-2213662 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 мау Ве 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. VD TITLE Delete TITLE Change ☐ Addition VLACH, ROBERT B. NAME NAME STREET ADDRESS 9151 GRAPEVINE HWY STREET ADDRESS NORTH RICHLAND HILLS, TX 76180 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIBE ☐ Change ☐ Addition NAME PALACIOS, CONNIE NAME 9151 GRAPEVINE HWY STREET ADORESS STREET ADDRESS NORTH RICHLAND HILLS, TX 76180 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition SIMPSON, PEGGY G NAME NAME STREET ADDRESS 9151 GRAPEVINE HWY STREET ADDRESS NORTH RICHLAND HILLS, TX 76180 CJTY-ST-ZIP CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change ☐ Addition MYHRA, PHILLIA J NAME NAME 9151 GRAPEVINE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH RICHLAND HILLS, TX 76180 CITY-ST-ZIP ☐ Delete TITLE TELLE ☐ Change **⊠** Addition JAMES N. PLATO NAME NAME 1331 W. MEMORIAL RD, STE112 **STREET ADDRESS** STREET ADDRESS OKLAHOMA CITY, OK 73114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _	Corne Palacus	4/20/05	8/7-255-5200
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
		And the second s	