


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90034 005 ***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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 9151 BLVD 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State N. Richland Hills, TX
Zip	Zip 76180
Country	Country



03232007 Chg-P CR2E034 (12/06)

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	
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4. FEI Number 59-2213662	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	SIMPSON, PEGGY G
STREET ADDRESS	9151 GRAPEVINE HWY
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	VD <input type="checkbox"/> Delete
NAME	MYHRA, PHILLIA J
STREET ADDRESS	9151 GRAPEVINE HWY
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	VD <input type="checkbox"/> Delete
NAME	PLATO, JAMES N
STREET ADDRESS	1331 W MEMORIAL RD, STE 112
CITY-ST-ZIP	OKLAHOMA CITY, OK 73114
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	REED, GLENN W
STREET ADDRESS	9151 GRAPEVINE HIGHWAY
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	CD <input type="checkbox"/> Delete
NAME	GEDWED, WILLIAM J
STREET ADDRESS	9151 GRAPEVINE HWY
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180
TITLE	VD <input type="checkbox"/> Delete
NAME	HAUPTMAN, MARK D
STREET ADDRESS	9151 GRAPEVINE HIGHWAY
CITY-ST-ZIP	NORTH RICHLAND HILLS, TX 76180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9151 BLVD 26
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	9151 BLVD 26
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	9151 BLVD 26
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	MICHAEL A. COLLIFLOWER
CITY-ST-ZIP	9151 BLVD 26 N. RICHLAND HILLS, TX 76180
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9151 BLVD 26
STREET ADDRESS	9151 BLVD 26
CITY-ST-ZIP	9151 BLVD 26

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Corrie Palmer</i></u>	Date: <u>(817) 255-5200</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	