2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

DOCUMENT # P32979 1. Entity Name THE MEGA LIFE AND HEALTH INSURANCE COMPANY Principal Place of Business Mailing Address						04-29-2008	3 90095 04	13 ***150	0.00	
Principal Plac	e of Business	Mailing Address			·					
1331 W. MEI	Morial dr.	9151 BLVD 26	TV 30100	,	•					
SUITE 112 NORTH RICHLAND HILLS, T Oklahoma City, Ok 73114			, IX /618U							
OKEMIONIN	311, 31 73114									
	lace of Business - No P.O. Box #	3. Mailing Address	1.06							
	138th Street	9151 Boulevar	d 26							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04242008	Chg-P	CR2E0	34 (12/06)		
City & Stat		City & State			4. FEI Number			Ap	plied For	
	na City, OK	N. Richland H			59-2213	3662			ot Applicable	
73134	Country USA	76180	Country USA		5. Certificate of	of Status Desired		\$8.75 Add Fee Require		
13134	6. Name and Address of Current R				7. Name and	Address of New				
	·		Name							
CHIEF FINANCIAL OFFICER				Street Address (P.O. Box Number is Not Acceptable)						
P O BOX 6200 (32314-6200) 200 E. GAINES ST				Sireet Address (1.0. box National is Not Addeptable)						
TALLAHAS	SSEE, FL 32399-0000									
			City				FL	Zip Code	е	
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 acc							and accept			
the obligations of registered agent.										
SIGNATURE										
0.072.1101.122	Signature, typed or printed name of registered agent an	d title if applicable (NOTE)	Registerest Agent signatu	re requires	when reinstating)		DATE			
Aiter may 1, 2000 Fee will be \$330.00										
	ay 1, 2008 Fee will be \$550.0	O Trust Fund Contrit			00 May Be ed to Fees					
After Ma	ay 1, 2008 Fee will be \$550.0	Trust Fund Contrit	oution.		ed to Fees	CHANGES TO OF	FICERS AND			
After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND C	O Trust Fund Contrit	11.		ed to Fees	CHANGES TO OF	FICERS AND	DIRECTORS Change	S IN 11	
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12. 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 reference or trustee emplowered 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/W

Peggy G. Simpson Secretary 04/25/08 817-255-548