


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90095 043 \*\*\*150.00

<b>DOCUMENT # P32979</b>					
<b>1. Entity Name</b> <b>THE MEGA LIFE AND HEALTH INSURANCE COMPANY</b>					
<b>Principal Place of Business</b> 1331 W. MEMORIAL DR. SUITE 112 OKLAHOMA CITY, OK 73114			<b>Mailing Address</b> 9151 BLVD 26 NORTH RICHLAND HILLS, TX 76180		
<b>2. Principal Place of Business - No P.O. Box #</b> 3600 NW 138th Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9151 Boulevard 26 Suite, Apt. #, etc.			
<b>City &amp; State</b> Oklahoma City, OK Zip 73134 Country USA		<b>City &amp; State</b> N. Richland Hills, TX Zip 76180 Country USA		<b>4. FEI Number</b> 59-2213662	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>S</b> <b>SIMPSON, PEGGY G</b> <input type="checkbox"/> Delete <b>9151 BLVD 26</b> <b>NORTH RICHLAND HILLS, TX 76180</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>PD</b> <input checked="" type="checkbox"/> Delete <b>MYHRA, PHILLIA J</b> <b>9151 BLVD 26</b> <b>NORTH RICHLAND HILLS, TX 76180</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>FIELDS, DAVID W</b> <b>9151 BLVD 26</b> <b>N RICHLAND HILLS TX 76180</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>VD</b> <input checked="" type="checkbox"/> Delete <b>PLATO, JAMES N</b> <b>1331 W MEMORIAL RD, STE 112</b> <b>OKLAHOMA CITY, OK 73114</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOXER, MICHAEL E</b> <b>9151 BLVD 26</b> <b>N RICHLAND HILLS TX 76180</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>VD</b> <input type="checkbox"/> Delete <b>COLLIFLOWER, MICHAEL A</b> <b>9151 BLVD 26</b> <b>NORTH RICHLAND HILLS, TX 76180</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>CD</b> <input type="checkbox"/> Delete <b>GEDWED, WILLIAM J</b> <b>9151 BLVD 26</b> <b>NORTH RICHLAND HILLS, TX 76180</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>VD</b> <input type="checkbox"/> Delete <b>HAUPTMAN, MARK D</b> <b>9151 BLVD 26</b> <b>NORTH RICHLAND HILLS, TX 76180</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> <u>Peggy G. Simpson</u> <b>Peggy G. Simpson Secretary</b> <b>04/25/08</b> <b>817-255-5488</b>					