

1.) CORPORATION NAME:

**AMERICAN HEALTH AND LIFE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **12/31/2011**

SCC ID NO: **F0110728**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3001 MEACHAM BLVD  
SUITE 100

CITY/ST/ZIP: FORT WORTH, TX 76137-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER       DIRECTOR

NAME: DAVA S CARSON  
TITLE: P/CEO  
ADDRESS: 3001 MEACHAM BLVD  
STE 100  
CITY/ST/ZIP/CO: FORT WORTH, TX 76137-

OFFICER       DIRECTOR

NAME: MICHAEL KOPPEN  
TITLE: SR VP  
ADDRESS: 3001 MEACHAM BLVD  
CITY/ST/ZIP/CO: FORT WORTH, TX 76137-

OFFICER       DIRECTOR

NAME: GREGG HENRY LEHMAN  
TITLE: SEC/SR VP  
ADDRESS: 3001 MEACHAM BLVD  
STE 100  
CITY/ST/ZIP/CO: FORT WORTH, TX 76137-

OFFICER       DIRECTOR

NAME: CAROLYN SUE MCCORMICK  
TITLE: SR VP  
ADDRESS: 3001 MEACHAM BLVD  
STE 100  
CITY/ST/ZIP/CO: FORT WORTH, TX 76137-

OFFICER       DIRECTOR

NAME: PAULA DEE LARKIN  
TITLE: TREASURER  
ADDRESS: 3001 MEACHAM BLVD  
CITY/ST/ZIP/CO: FORT WORTH, TX 76137-

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ GREGG HENRY LEHMAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>GREGG HENRY LEHMAN, SEC/SR VP</u> PRINTED NAME AND CORPORATE TITLE	<u>11/14/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.