

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:33

DOCUMENT # **808858** (5)
1. Corporation Name
THE COLLEGE LIFE INSURANCE COMPANY OF AMERICA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 300 WEST 11TH STREET P.O. BOX 13487 KANSAS CITY MO 64105	Mailing Address 300 WEST 11TH STREET P.O. BOX 13487 KANSAS CITY MO 64105
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3. Date Incorporated or Qualified 03/06/1952	3a. Date of Last Report 04/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 35-0810610	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country		

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE, FL, 32301	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, GARY L.	1.2 NAME	
STREET ADDRESS	300 WEST 11TH	1.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIMAN, MICHAEL A.	2.2 NAME	
STREET ADDRESS	300 WEST 11TH	2.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO	2.4 CITY - ST - ZIP	
TITLE	DCT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIMAN, JOE JACK	3.2 NAME	
STREET ADDRESS	300 WEST 11TH	3.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, ROBERT J.	4.2 NAME	
STREET ADDRESS	300 WEST 11TH	4.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, L. GALE	5.2 NAME	Vice President
STREET ADDRESS	300 WEST 11TH	5.3 STREET ADDRESS	Jenkins, Gary E.
CITY - ST - ZIP	KANSAS CITY MO	5.4 CITY - ST - ZIP	300 West 11th
TITLE	SV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNAIRD, DONNA H.	6.2 NAME	
STREET ADDRESS	300 WEST 11TH	6.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MO	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: Gary E. Jenkins **Gary E. Jenkins** (816) 391-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Page #)