

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 01 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 808858 (5)
 1. Corporation Name
THE COLLEGE LIFE INSURANCE COMPANY OF AMERICA

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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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/06/1952	3a. Date of Last Report 03/05/1996
4. FEI Number 35-0810610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE, FL, 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MULLER, GARY L.	
STREET ADDRESS	300 WEST 11TH	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MERRIMAN, MICHAEL A.	
STREET ADDRESS	300 WEST 11TH	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JUNEAU, RICHARD J.	
STREET ADDRESS	300 WEST 11TH	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAHAM, ROBERT J.	
STREET ADDRESS	300 WEST 11TH	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JENKINS, GARY E	
STREET ADDRESS	300 WEST 11TH	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	KINNAIRD, DONNA H.	
STREET ADDRESS	300 WEST 11TH	
CITY-ST-ZIP	KANSAS CITY MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	800002255798 PE
5.4 CITY-ST-ZIP	-08/04/97--01002--020 8.1
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ASSISTANT TREASURER
6.3 STREET ADDRESS	JOHN C. McCLAFLEN
6.4 CITY-ST-ZIP	300 WEST 11th St. KANSAS CITY, MO 64105

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JOHN C. McCLAFLEN** 7/29/97 (816) 391-2000

CR2E034 (4/97)