

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90007 042 ***550.00

DOCUMENT # 808858
 1. Entity 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 64105-1618
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2. Principal Place of Business 1055 Broadway Suite, Apt. #, etc.	3. Mailing Address PO Box 13487 Suite, Apt. #, etc.
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City & State Kansas City, Missouri	City & State Kansas City, Missouri	4. FEI Number 35-0810610	Applied For <input type="checkbox"/> Not Applicable
Zip 64105	Country USA	Zip 64199-3487	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE, FL, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLER, GARY L. 300 WEST 11TH KANSAS CITY MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MERRIMAN, MICHAEL A. 300 WEST 11TH KANSAS CITY MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARK, MAJOR W 300 WEST 11TH KANSAS CITY MO 64105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, ROBERT J. 300 WEST 11TH KANSAS CITY MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JENKINS, GARY E 300 WEST 11TH KANSAS CITY MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MCCLAFLIN, JOHN C 300 WEST 11TH ST. KANSAS CITY MO 64105	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. McClafin, Asst. Treasurer 816-391-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #