


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 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 # 818103 (4)

1. Corporation Name
ACADEMY LIFE INSURANCE COMPANY

Principal Place of Business
11875 WESTLINE DRIVE
ST. LOUIS MO 63146

Mailing Address
20 MOORES ROAD
FRAZER PA 18355-1114
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1964	3a. Date of Last Report 07/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 84-0528301	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
FL

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	VDCF <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, DENNIS E.	1.2 NAME	
STREET ADDRESS	20 MOORES ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FRZER PA	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ELLEN S.	2.2 NAME	
STREET ADDRESS	20 MOORES ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FRAZER PA	2.4 CITY - ST - ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLINGTON, DAVID R	3.2 NAME	
STREET ADDRESS	909 JESSICA TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DOWNTOWN PA	3.4 CITY - ST - ZIP	
TITLE	PDCO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAMAN, STEPHEN J.	4.2 NAME	
STREET ADDRESS	20 MOORES ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FRAZER PA	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVID J.	5.2 NAME	P/D
STREET ADDRESS	20 MOORES ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FRAZER PA	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SUSAN E.	6.2 NAME	
STREET ADDRESS	20 MOORES ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	FRAZER PA	6.4 CITY - ST - ZIP	

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: Mary Ann Malinyak Mary Ann Malinyak 3/31/97 610-648-4813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000112

CR2E034 (9/96)

ACADEMY LIFE INSURANCE COMPANY
ADDITIONAL OFFICERS & DIRECTORS

CEO	Shailesh J. Mehta 201 Mission Street San Francisco, CA 94105
Senior Vice President	Edward A. Biemer 20 Moores Road Frazer, PA 19355
Senior Vice President & Director	Kevin P. McGlynn 20 Moores Road Frazer, PA 19355
Senior Vice President	John D. Spooler 110 Nobel Dt., Suite 1200 Alpharetta, GA 30202
Vice President	Brian Alford 20 Moores Road Frazer, PA 19355
Vice President	Thomas P. Bowie 20 Moores Road Frazer, PA 19355
Vice President, Associate General Counsel & Director	Julie S. Congdon 20 Moores Road Frazer, PA 19355
Vice President	Michael D. Keeler 20 Moores Road Frazer, PA 19355
Vice President/Underwriting	William J. Kline 20 Moores Road Frazer, PA 19355

Vice President

**John A. Mazzuca
20 Moores Road
Frazer, PA 19355**

Vice President & Director

**Thomas B. Nesspor
20 Moores Road
Frazer, PA 19355**

Vice President, Field Operations

**Daniel H. Odum
110 Nobel St, Suite 122
Alpharetta, GA 30202**

Vice President

**Harold W. Peterson, Jr.
20 Moores Road
Frazer, PA 19355**

Vice President & Director

**Martin Renninger
20 Moores Road
Frazer, PA 19355**

Vice President

**Nancy B. Schuckert
20 Moores Road
Frazer, PA 19355**

Vice President

**Joseph D. Strenk
400 W. Market Street
Louisville, KY 40202**

Vice President

**Oris R. Stuart, III
20 Moores Road
Frazer, PA 19355**

Assistant Secretary

**Mary Ann Malinyak
20 Moores Road
Frazer, PA 19355**

Director

**John C. Prestwood, Jr.
20 Moores Road
Frazer, PA 19355**

Director

**Paul Yakulis
20 Moores Road
Frazer, PA 19355**