

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

FILED
May 18 1998 8:00am
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1998		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
**11075 WESTLINE DRIVE
ST. LOUIS MO 63148**

Mailing Address
**20 MOORES ROAD
FRAZER PA 18355
US**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/10/1964
4. FEI Number 84-0528301
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 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

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

12. OFFICERS AND DIRECTORS	
TITLE	VDCF <input checked="" type="checkbox"/> DELETE
NAME	BRADY, DENNIS E.
STREET ADDRESS	20 MOORES ROAD
CITY-ST-ZIP	FRAZER PA
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	ROSEN, ELLEN S.
STREET ADDRESS	20 MOORES ROAD
CITY-ST-ZIP	FRAZER PA
TITLE	CEO <input checked="" type="checkbox"/> DELETE
NAME	MEHTA, SHAILESH J
STREET ADDRESS	201 MISSION ST
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	MCGLYNN, KEVIN P
STREET ADDRESS	20 MOORES ROAD
CITY-ST-ZIP	FRAZER PA
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MILLER, DAVID J.
STREET ADDRESS	20 MOORES ROAD
CITY-ST-ZIP	FRAZER PA
TITLE	VD <input type="checkbox"/> DELETE
NAME	MARTIN, SUSAN E.
STREET ADDRESS	20 MOORES ROAD
CITY-ST-ZIP	FRAZER PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gayle L. Sopousek
1.3 STREET ADDRESS	4333 Edgewood Rd. NE
1.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
2.1 TITLE	VS <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jay H. Berman
2.3 STREET ADDRESS	20 MOORES Rd.
2.4 CITY-ST-ZIP	Frazer, PA 19355
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	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brenda K. Clancy
4.3 STREET ADDRESS	4333 Edgewood Rd. NE
4.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
5.1 TITLE	PDCEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tim Stonehocker
5.3 STREET ADDRESS	4333 Edgewood Rd. NE
5.4 CITY-ST-ZIP	Cedar Rapids, IA 52499
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)

ADDITIONAL OFFICERS & DIRECTORS
ACADEMY LIFE INSURANCE COMPANY

OFFICERS

Senior Vice President	Edward A. Biemer 20 Moores Road Frazer, PA 19355
Senior Vice President	Thomas P. Bowie 20 Moores Road Frazer, PA 19355
Vice President	Brian Alford 20 Moores Road Frazer, PA 19355
Vice President & General Counsel	Sheri V. G. Fanaroff 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 Court, Suite 1200 Alpharetta, GA 30202
Vice President & Counsel	L. Michael Skinner 4333 Edgewood Road, N.E. Cedar Rapids, IA 52499
Vice President & Director	Harvey J. L. Waite 20 Moores Road Frazer, PA 19355
Assistant Secretary	Mary Ann Malinyak 20 Moores Road Frazer, PA 19355

DIRECTORS

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

Edith W. Craig
20 Moores Road
Frazer, PA 19355

Rex B. Eno
1111 N. Charles Street
Baltimore, MD 21202

Craig D. Vermie
4333 Edgewood Road, N.E.
Cedar Rapids, IA 52499