

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

000814

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 008 ***150.00

DOCUMENT # 818103

1. Corporation Name

ACADEMY LIFE INSURANCE COMPANY

Principal Place of Business

11975 WESTLINE DRIVE
ST. LOUIS MO 63146

Mailing Address

20 MOORES ROAD
FRAZER PA 19355
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1964

4. FEI Number

84-0528301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NO E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SOPOUSEK, GAYLE L | |
| STREET ADDRESS | 4333 EDGEWOOD RD NE | |
| CITY-ST-ZIP | CEDAR RAPIDS IA 52499 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | BERMAN, JAY H | |
| STREET ADDRESS | 20 MOORES RD | |
| CITY-ST-ZIP | FRAZER PA 19355 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | CLANEY, BRENDA K | |
| STREET ADDRESS | 4333 EDGEWOOD RD NE | |
| CITY-ST-ZIP | CEDAR RAPIDS IA 52499 | |
| TITLE | PDCE | <input type="checkbox"/> DELETE |
| NAME | STONEHOCKER, TIM | |
| STREET ADDRESS | 4333 EDGEWOOD RD NE | |
| CITY-ST-ZIP | CEDAR RAPIDS IA 52499 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MARTIN, SUSAN E. | |
| STREET ADDRESS | 20 MOORES ROAD | |
| CITY-ST-ZIP | FRAZER PA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 | SV/CIO |
| 5.3 STREET ADDRESS | Douglas C. Kolsrud |
| 5.4 CITY-ST-ZIP | 4333 Edgewood Road NE Cedar Rapids, IA 52499 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | D/AS |
| 6.3 STREET ADDRESS | Craig D. Vermie |
| 6.4 CITY-ST-ZIP | 4333 Edgewood Road NE Cedar Rapids, IA 52499 |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Vermie, Asst. Secr.

4/26/99

Date

(319)398-8511

Daytime Phone #

CR2E034 (11/98)