

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90120 038 \*\*\*150.00

DOCUMENT # 818103

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 84-0528301

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS SOPOUSEK, GAYLE L  
CITY-ST-ZIP 4333 EDGEWOOD RD NE  
CEDAR RAPIDS IA 52499

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CS  
STREET ADDRESS FANROFF, SHERI VG  
CITY-ST-ZIP 20 MOORES RD  
FRAZER PA 19355

TITLE ☒ Change ☐ Addition  
NAME D/VP/S  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS CLANEY, BRENDA K  
CITY-ST-ZIP 4333 EDGEWOOD RD NE  
CEDAR RAPIDS IA 52499

TITLE ☒ Change ☐ Addition  
NAME Brēnda K. Clancy  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME PDCE  
STREET ADDRESS STONEHOCKER, TIM  
CITY-ST-ZIP 4333 EDGEWOOD RD NE  
CEDAR RAPIDS IA 52499

TITLE ☐ Change ☒ Addition  
NAME D/P/C  
STREET ADDRESS Paul Reaburn  
CITY-ST-ZIP 4333 Edgewood Rd. NE  
Cedar Rapids, IA 52499

TITLE ☐ Delete  
NAME SVCI  
STREET ADDRESS KOLSRUD, DOUGLAS C  
CITY-ST-ZIP 4333 EDGEWOOD RD NE  
CEDAR RAPIDS IA 52499

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS JETT, ROBERT S  
CITY-ST-ZIP 4333 EDGEWOOD RD NE  
CEDAR RAPIDS IA 52499

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Jett, Asst. Secretary 4/23/01 (319) 398-8511

Date

Daytime Phone #

CR2E034 (10/00)