

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90340 003 \*\*\*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

**4333 Edgewood Rd. NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Cedar Rapids, IA 52402**

4. FEI Number

**84-0528301**

Applied For

Not Applicable

Zip

Country

Zip  
**52499**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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	<b>TD</b> <b>SOPOUSEK, GAYLE L</b> <b>4333 EDGEWOOD RD NE</b> <b>CEDAR RAPIDS IA 52499</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS</b> <b>FANROFF, SHERI VG</b> <b>20 MOORES RD</b> <b>FRAZER PA 19355</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CLANCY, BRENDA K</b> <b>4333 EDGEWOOD RD NE</b> <b>CEDAR RAPIDS IA 52499</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <b>REABURN, PAUL</b> <b>4333 EDGEWOOD RD NE</b> <b>CEDAR RAPIDS IA 52499</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVC</b> <b>KOLSRUD, DOUGLAS C</b> <b>4333 EDGEWOOD RD NE</b> <b>CEDAR RAPIDS IA 52499</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>JETT, ROBERT S</b> <b>4333 EDGEWOOD RD NE</b> <b>CEDAR RAPIDS IA 52499</b>	<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 checked="" type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Cleavenger,**  
**Secretary**

4-5-02

(319) 298-4113

Date

Daytime Phone #

CR2E034 (9/01)