

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90167 009 ***150.00

DOCUMENT # 818103

1. Entity Name
ACADEMY LIFE INSURANCE COMPANY



Principal Place of Business

**11975 WESTLINE DRIVE
ST. LOUIS, MO 63146**

Mailing Address

**4333 EDGEWOOD RD NE
CEDAR RAPIDS, IA 52499 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT ☐ Delete
NAME CRIST, KEVIN
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

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

TITLE DS ☒ Delete
NAME CLEAVENGER, JOHN
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE DS ☐ Change ☒ Addition
NAME Andrew W. Martin
STREET ADDRESS 4333 Edgewood Rd. NE
CITY-ST-ZIP Cedar Rapids, IA 52499

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

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

TITLE DPC ☐ Delete
NAME REABURN, PAUL
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

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

TITLE DVP ☐ Delete
NAME MEINERS, DIANE
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

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

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

TITLE DVP ☐ Change ☒ Addition
NAME Jack Winnike
STREET ADDRESS 4333 Edgewood Rd. NE
CITY-ST-ZIP Cedar Rapids, IA 52499

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew W. Martin

Andrew W. Martin,

4/28/04

(319) 398-8063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #