2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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

04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	CRIST, KEVIN
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DS
NAME	MARTIN, ANDREW W
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	D
NAME	CLANCY, BRENDA K
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DPC
NAME	REABURN, PAUL
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DVP
NAME	MEINERS, DIANE
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	DV
NAME	WINNIKE, JACK
STREET ADDRESS	4333 EDGEWOOD RD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499

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04/18/05-80093-023 150.00

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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: _____ 15 APRIL 2005 319-398-8063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #