

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0667763 AB

DOCUMENT # 818103

1. Entity Name
ACADEMY LIFE INSURANCE COMPANY



04-30-2003 90169 036 ***150.00

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

4. FEI Number **84-0528301**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/T
Kevin Crist
4333 Edgewood Rd NE
Cedar Rapids, IA 52499** ☐ Change ☒ Addition

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/VP
Diane Meiners
4333 Edgewood Rd NE
Cedar Rapids, IA 52499** ☐ Change ☒ Addition

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

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

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:

John Cleavenger,
Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

(319) 298-4113

Date

Daytime Phone #

CR2E034 (10/02)