


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 850744</b> 1. Entity Name EMPIRE GENERAL LIFE ASSURANCE CORPORATION	
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Principal Place of Business 2801 HWY 280 SOUTH LEGAL DEPARTMENT BIRMINGHAM, AL 35223 US	Mailing Address P O BOX 2606 LEGAL DEPARTMENT BIRMINGHAM, AL 35202 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1073929	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1201 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	SVTD BIELEN, RICHARD J 2801 HWY 280 SOUTH BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAM, DOUGLAS K 7400 W. 130TH ST., SUITE 400 OVERLAND PARK, KS 66213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD RITCHIE, ALLEN W 2801 HWY 280 SOUTH BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD LONG, DEBORAH J 2801 HWY 280 SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD STUENKEL, WAYNE E. 2801 HIGHWAY 280 SOUTH BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD JOHNS, JOHN D. 2801 HIGHWAY 280 SOUTH BIRMINGHAM, AL 35223

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01/12/05-80050-007 150.00

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 205-268-1000  
Date Daytime Phone #