

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003608 (7)**
1. Corporation Name
GENERAL LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business: **700 MARKET ST. ST. LOUIS MO 63101**
Mailing Address: **700 MARKET ST. ST. LOUIS MO 63101**

3. Date Incorporated or Qualified: **08/09/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **43-1639910**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **95 N Research Dr.**
Suite, Apt. #, etc.
22
City & State
23 **Edwardsville IL.**
Zip Country
24 **62025** 25
2a. Mailing Address
26 **95 N Research Dr.**
Suite, Apt. #, etc.
27
City & State
28 **Edwardsville, IL.**
Zip Country
29 **62025** 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, DONA LEE	1.2 NAME	
STREET ADDRESS	13045 TESSON FERRY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63128	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, MICHAEL E	2.2 NAME	
STREET ADDRESS	13045 TESSON FERRY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63128	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, KIMBERLY SHAW	3.2 NAME	
STREET ADDRESS	13045 TESSON FERRY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63128	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDDY, RICHARD A	4.2 NAME	300001812543
STREET ADDRESS	700 MARKET ST.	4.3 STREET ADDRESS	-05/08/96--01011--009
CITY-ST-ZIP	ST. LOUIS MO 63101	4.4 CITY-ST-ZIP	***200.00
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBENSTEIN, LEONARD M	5.2 NAME	
STREET ADDRESS	700 MARKET ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63101	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JUANITA M	6.2 NAME	S-T-96
STREET ADDRESS	700 MARKET ST.	6.3 STREET ADDRESS	JR
CITY-ST-ZIP	ST. LOUIS MO 63101	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juanita M. Thomas 4/29/96 (314)444-4313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)