

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003608 (7)**
1. Corporation Name
GENERAL LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business 95 N RESEARCH DR. EDWARDSVILLE IL 62025	Mailing Address 95 N RESEARCH DR. EDWARDSVILLE IL 62025-3604
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/09/1993	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 43-1639910	Applied For Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country		
24	25		
	29		
	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	85 Zip Code
			FL

11. Pursuant to the provisions of Sections 607.0502 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDDY, RICHARD A	4.2 NAME	
STREET ADDRESS	700 MARKET ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63101	4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JUANITA M	6.2 NAME	T
STREET ADDRESS	700 MARKET ST.	6.3 STREET ADDRESS	Kent P. Zimmerman
CITY-ST-ZIP	ST. LOUIS MO 63101	6.4 CITY-ST-ZIP	700 Market Street
			St. Louis, MO 63101

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Kent P. Zimmerman* **Kent P. Zimmerman** DATE: _____ DAYTIME PHONE: **(314) 444-4313**

CR2E034 (9/96)