

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 85 N RESEARCH DR. EDWARDSVILLE IL 62025	Mailing Address 95 N RESEARCH DR. EDWARDSVILLE IL 62025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1993	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 43-1639910	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____
 Signature, typed or printed name of registered agent and the applicable (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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBER, DONA LEE			1.2 NAME	RODNEY BROWN		
STREET ADDRESS	13045 TESSON FERRY RD.			1.3 STREET ADDRESS	95 N. RESEARCH DR.		
CITY-ST-ZIP	ST. LOUIS MO 63128			1.4 CITY-ST-ZIP	EDWARDSVILLE, IL 62025		
TITLE	D P	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONLEY, MICHAEL E			2.2 NAME	GREGGORY SHARPE		
STREET ADDRESS	13045 TESSON FERRY RD.			2.3 STREET ADDRESS	95 N. RESEARCH DR.		
CITY-ST-ZIP	ST. LOUIS MO 63128			2.4 CITY-ST-ZIP	EDWARDSVILLE, IL 62025		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, KIMBERLY SHAW			3.2 NAME	KENNETH (BILL) JACKSON		
STREET ADDRESS	13045 TESSON FERRY RD.			3.3 STREET ADDRESS	95 N. RESEARCH DR.		
CITY-ST-ZIP	ST. LOUIS MO 63128			3.4 CITY-ST-ZIP	EDWARDSVILLE, IL 62025		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIDDY, RICHARD A			4.2 NAME	MATTHEW MCCALLEY		
STREET ADDRESS	700 MARKET ST.			4.3 STREET ADDRESS	700 MARKET ST.		
CITY-ST-ZIP	ST. LOUIS MO 63101			4.4 CITY-ST-ZIP	ST. LOUIS, MO 63101		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBENSTEIN, LEONARD M			5.2 NAME	E. THOMAS HUGHES		
STREET ADDRESS	700 MARKET ST.			5.3 STREET ADDRESS	700 MARKET ST.		
CITY-ST-ZIP	ST. LOUIS MO 63101			5.4 CITY-ST-ZIP	ST. LOUIS, MO 63101		
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZIMMERMAN, KENT P			6.2 NAME	PATRICIA WERSCHING		
STREET ADDRESS	700 MARKET ST.			6.3 STREET ADDRESS	700 MARKET ST.		
CITY-ST-ZIP	ST. LOUIS MO			6.4 CITY-ST-ZIP	ST. LOUIS, MO 63101		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **14/07/98** **(314) 444-4308**

CR2E034 (10/97)