

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90178 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003608**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified <b>08/09/1993</b>	4. FEI Number <b>43-1639910</b>	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>BROWN, RODNEY</b>	
STREET ADDRESS	<b>95 N RESEARCH DRIVE</b>	
CITY-ST-ZIP	<b>EDWARDSVILLE IL 62025</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>SHARPE, GREGGORY</b>	
STREET ADDRESS	<b>95 N RESEARCH DR</b>	
CITY-ST-ZIP	<b>EDWARDSVILLE IL 62025</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, KENNETH BILL</b>	
STREET ADDRESS	<b>95 N RESEARCH DR</b>	
CITY-ST-ZIP	<b>EDWARDSVILLE IL 62025</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>MCCAULEY, MATTHEW</b>	
STREET ADDRESS	<b>700 MARKET STREET</b>	
CITY-ST-ZIP	<b>ST LOUIS MO 63101</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, E THOMAS</b>	
STREET ADDRESS	<b>700 MARKET STREET</b>	
CITY-ST-ZIP	<b>ST LOUIS MO 63101</b>	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	<b>WERSCHING, PATRICIA</b>	
STREET ADDRESS	<b>700 MARKET STREET</b>	
CITY-ST-ZIP	<b>ST LOUIS MO 63101</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:  **4/26/99** Date **314(444-4308)** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)