

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 # F93000004450 (3)

1. Corporation Name **General Life Insurance Company**  
~~NATIONAL AMERICAN LIFE INSURANCE COMPANY OF TEXA-~~  
~~S-~~

NC 3/18/96



Principal Place of Business

~~2720 E. CAMELBACK RD.~~  
~~PHOENIX AZ 85016~~  
95 N. Research Drive  
Edwardsville, IL 62025

Mailing Address

~~2720 E. CAMELBACK RD.~~  
~~PHOENIX AZ 85016~~  
700 Market Street  
St. Louis, MO 63101

3. Date Incorporated or Qualified  
10/04/1993

3a. Date of Last Report  
05/01/1995

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

4. FEI Number

59-1619721

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE  
DEPT. OF INSURANCE  
LARSON BLDG.  
TALLAHASSEE FL 32399-0300

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 607.0502 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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME WILSON, J. STEVEN  
STREET ADDRESS 7800 BELFORT PKWY #100  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE P  
NAME SCHRECK, WAYNE A  
STREET ADDRESS 2720 E. CAMELBACK RD.  
CITY-ST-ZIP PHOENIX AZ ☒ DELETE

TITLE T  
NAME PHILLIPS, VICKI  
STREET ADDRESS 2720 E. CAMELBACK RD.  
CITY-ST-ZIP PHOENIX AZ ☒ DELETE

TITLE D  
NAME GILSTRAP, SUZANNE T  
STREET ADDRESS 7800 BELFOR PKWY #100  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE VP  
NAME GRAY, CATHERINE J  
STREET ADDRESS 7800 BELFORT PKWY SUITE 100  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME Wolzenski, Bernard H.  
1.3 STREET ADDRESS 700 Market Street  
1.4 CITY-ST-ZIP St. Louis, MO 63101

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Conley, Michael E.  
2.3 STREET ADDRESS 700 Market Street  
2.4 CITY-ST-ZIP St. Louis, MO 63101

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME Zimmerman, Kent P.  
3.3 STREET ADDRESS 700 Market Street  
3.4 CITY-ST-ZIP St. Louis, MO 63101

4.1 TITLE S ☐ Change ☒ Addition  
4.2 NAME Thomas, Juanita M.  
4.3 STREET ADDRESS 700 Market Street  
4.4 CITY-ST-ZIP St. Louis, MO 63101

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 800001812538  
5.4 CITY-ST-ZIP -05/08/96--01011--007  
\*\*\*200.00

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Kent Zimmerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
Date

Daytime Phone #

CR2E034 (12/95)