

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004450 (3)**  
 1. Corporation Name  
**GENERAL LIFE INSURANCE COMPANY**



Principal Place of Business <b>95 N. RESEARCH DR. EDWARDSVILLE IL 62025</b>	Mailing Address <b>700 MARKET ST. ST LOUIS MO 63101-1829</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/04/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-1619721</b>	Applied For <input type="checkbox"/> Not Applicable
25. Zip	26. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

COMMISSIONER OF INSURANCE DEPT. OF INSURANCE LARSON BLDG. TALLAHASSEE FL 32399-0300				81. Name <b>Insurance Commissioner</b>	85. Zip Code <b>32399-0300</b>
				82. Street Address (P.O. Box Number is Not Acceptable) <b>200 East Gaines Street</b>	
				83. City	<b>Tallahassee 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WOLZENSKI, BERNARD H</b>	1.2 NAME	
STREET ADDRESS	<b>700 MARKET ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. LOUIS MO 63101</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP CONLEY, MICHAEL E</b>	2.2 NAME	
STREET ADDRESS	<b>700 MARKET ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. LOUIS MO 63101</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T ZIMMERMAN, KENT P</b>	3.2 NAME	
STREET ADDRESS	<b>700 MARKET ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. LOUIS MO 63101</b>	3.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S THOMAS, JUANITA M</b>	4.2 NAME	<b>McCauley, Matthew P.</b>
STREET ADDRESS	<b>700 MARKET ST.</b>	4.3 STREET ADDRESS	<b>700 Market Street</b>
CITY - ST - ZIP	<b>ST. LOUIS MO 63101</b>	4.4 CITY - ST - ZIP	<b>St. Louis, MO 63101</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP GRAY, CATHERINE J</b>	5.2 NAME	
STREET ADDRESS	<b>7800 BELFORT PKWY SUITE 100</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Kent P. Zimmerman **Kent P. Zimmerman** 4/22/97 **(314) 444-4313**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)