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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004450 (3)

1. Corporation Name
GENERAL LIFE INSURANCE COMPANY

Principal Place of Business
95 N. RESEARCH DR.
EDWARDSVILLE IL 62025

Mailing Address
700 MARKET ST.
ST LOUIS MO 63101-1829



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1993		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1619721		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Insurance Commissioner			
				82 Street Address (P.O. Box Number is Not Acceptable) 200 East Gaines Street			
				83			
				84 City Tallahassee			
				85 Zip Code FL 32399-0300			

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

Kent P. Zimmerman

4/22/97

(314) 444-4313

CR2E034 (9/96)