

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

FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/04/1993

4. FEI Number  
59-1619721

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMISSIONER OF INSURANCE  
200 EAST GAINES STREET  
LARSON BLDG.  
TALLAHASSEE FL 32399

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME WOLZENSKI, BERNARD H  
STREET ADDRESS 700 MARKET ST.  
CITY-ST-ZIP ST. LOUIS MO 63101 ☒ DELETE

1.1 TITLE P  
1.2 NAME Conley, Michael  
1.3 STREET ADDRESS 4803 Blue Fountain  
1.4 CITY-ST-ZIP Godfrey, IL 62035 ☐ Change ☒ Addition

TITLE VP  
NAME CONLEY, MICHAEL E  
STREET ADDRESS 700 MARKET ST.  
CITY-ST-ZIP ST. LOUIS MO 63101 ☒ DELETE

2.1 TITLE VP  
2.2 NAME Brown, Rodney R.  
2.3 STREET ADDRESS 205 Jefferson Rd.  
2.4 CITY-ST-ZIP Webster Groves, MO 63119 ☐ Change ☒ Addition

TITLE T  
NAME ZIMMERMAN, KENT P  
STREET ADDRESS 700 MARKET ST.  
CITY-ST-ZIP ST. LOUIS MO 63101 ☒ DELETE

3.1 TITLE T  
3.2 NAME Hughes, E. Thomas  
3.3 STREET ADDRESS 5530 Limerick  
3.4 CITY-ST-ZIP St. Louis, MO 63128 ☐ Change ☒ Addition

TITLE S  
NAME MCCAULEY, MATTHEW P  
STREET ADDRESS 700 MARKET STREET  
CITY-ST-ZIP ST. LOUIS MO ☐ DELETE

4.1 TITLE S  
4.2 NAME  
4.3 STREET ADDRESS 6309 Pershing  
4.4 CITY-ST-ZIP University City, MO 63130 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE AT  
5.2 NAME Patricia Wersching  
5.3 STREET ADDRESS 2758 Storm Lake Dr.  
5.4 CITY-ST-ZIP St. Louis, MO 63129 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E034 (10/97)