

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO SECRETARY: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 11 AM 9:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 809882 (4)

1. Corporation Name
GUARANTEE TRUST LIFE INSURANCE COMPANY

Principal Place of Business: **1275 MILWAUKEE AVENUE GLENVIEW IL 60025**
 Mailing Address: **1275 MILWAUKEE AVENUE GLENVIEW IL 60025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1954** 3a. Date of Last Report: **05/01/1994**
 4. FEI Number: **36-1174500** 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. 102.002, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code **FL**

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	PD
NAME	HOLSON, R. S., III
STREET ADDRESS	1275 MILWAUKEE AVENUE
CITY - ST - ZIP	GLENVIEW IL
TITLE	D
NAME	GRAZIADEI, N. A.
STREET ADDRESS	1275 MILWAUKEE AVENUE
CITY - ST - ZIP	GLENVIEW IL
TITLE	SD
NAME	GUILFOIL, T J
STREET ADDRESS	100 N BROADWAY
CITY - ST - ZIP	ST LOUIS, MO 00000
TITLE	VD
NAME	DUNKIN, T B
STREET ADDRESS	1275 MILWAUKEE AVE
CITY - ST - ZIP	GLENVIEW IL
TITLE	T
NAME	FESS, ARTHUR G
STREET ADDRESS	1275 MILWAUKEE AVE
CITY - ST - ZIP	GLENVIEW IL
TITLE	CD
NAME	HOLSON, R S JR
STREET ADDRESS	1275 MILWAUKEE AVE
CITY - ST - ZIP	GLENVIEW IL

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 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: Arthur G. Fess **ARTHUR G. FESS, TREASURER** 7/7/95 (708) 699-0600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)