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**Apr 30 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 # 809882 (4)
1. Corporation Name
GUARANTÉE TRUST LIFE INSURANCE COMPANY



Principal Place of Business: **1275 MILWAUKEE AVENUE GLENVIEW IL 60025**
Mailing Address: **1275 MILWAUKEE AVENUE GLENVIEW IL 60025-2463**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **07/01/1954**
3a. Date of Last Report: **04/23/1996**
4. FEI Number: **36-1174500**
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: **INSURANCE COMMISSIONER, CAPITOL BLDG., TALLAHASSEE FL**
10. Name and Address of New Registered Agent (81-85) fields.

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSON, R. S., III	1.2 NAME	
STREET ADDRESS	1275 MILWAUKEE AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVIEW IL	1.4 CITY - ST - ZIP	60025-2463
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAZIADEI, N. A.	2.2 NAME	
STREET ADDRESS	1275 MILWAUKEE AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVIEW IL	2.4 CITY - ST - ZIP	60025-2463
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFOIL, T J	3.2 NAME	
STREET ADDRESS	100 N BROADWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS, MO 00000	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNKIN, T B	4.2 NAME	
STREET ADDRESS	1275 MILWAUKEE AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVIEW IL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESS, ARTHUR G	5.2 NAME	
STREET ADDRESS	1275 MILWAUKEE AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVIEW IL	5.4 CITY - ST - ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSON, R S JR	6.2 NAME	
STREET ADDRESS	1275 MILWAUKEE AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVIEW IL	6.4 CITY - ST - ZIP	60025-2463

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: _____

(847) 699-0600

CR2E034 (9/96)