

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90002 029 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 809882
 1. Corporation Name
GUARANTEE TRUST LIFE INSURANCE COMPANY

598818 - 90002 - 29



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

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 owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLSON, R. S., III	
STREET ADDRESS	1275 MILWAUKEE AVENUE	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAZIADEI, N. A.	
STREET ADDRESS	1275 MILWAUKEE AVENUE	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUILFOIL, T J	
STREET ADDRESS	100 S. FOURTH ST, SUITE 500	
CITY-ST-ZIP	ST LOUIS, MO 00000 63102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNKIN, T B	
STREET ADDRESS	1275 MILWAUKEE AVE	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FESS, ARTHUR G	
STREET ADDRESS	1275 MILWAUKEE AVE	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOLSON, R S JR	
STREET ADDRESS	1275 MILWAUKEE AVE	
CITY-ST-ZIP	GLENVIEW IL 60025	

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 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: ARTHUR G FESS (847) 699-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)