

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 809882**

1. Entity 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**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-1174500</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

400000575604  
 08/29/06-80009-012 150.00

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur G Fess Arthur G Fess 8/22/06 847-699-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #