

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 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



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-1174500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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05/18/07-80028-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

(847)699-0000

Daytime Phone #