


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 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
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04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-1174500	Applied For Not Applicable
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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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000950454
06/03/08-80070-008 150.00

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

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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 4/28/08 (847) 699-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #