

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809882

FILED
Mar 16, 2011
Secretary of State

Entity Name: GUARANTEE TRUST LIFE INSURANCE COMPANY

Current Principal Place of Business:

1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

New Principal Place of Business:

Current Mailing Address:

1275 MILWAUKEE AVENUE
GLENVIEW, IL 60025

New Mailing Address:

FEI Number: 36-1174500 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HOLSON, R. S., III
Address: 1275 MILWAUKEE AVENUE
City-St-Zip: GLENVIEW, IL 60025

Title: D
Name: HOLSON, P D
Address: 1275 MILWAUKEE AVENUE
City-St-Zip: GLENVIEW, IL 60025

Title: SD
Name: GUILFOIL, T J
Address: 100 S. FOURTH ST, SUITE 500
City-St-Zip: ST LOUIS, MO 00000, 63102

Title: D
Name: DEMONTE, JOSEPH
Address: 1275 MILWAUKEE AVE
City-St-Zip: GLENVIEW, IL 60025

Title: VT
Name: TAUBE, BARBARA L
Address: 1275 MILWAUKEE AVE
City-St-Zip: GLENVIEW, IL 60025

Title: D
Name: HARDY, KIRK
Address: 1275 MILWAUKEE AVE
City-St-Zip: GLENVIEW, IL 60025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA SLOOTHAAK

V

03/16/2011

Electronic Signature of Signing Officer or Director

_____ Date