

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90148 030 ***150.00

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-1174500**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 (847) 699-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)