

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 809882

**Entity Name:** GUARANTEE TRUST LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1275 MILWAUKEE AVENUE  
GLENVIEW, IL 60025

**Current Mailing Address:**

1275 MILWAUKEE AVENUE  
GLENVIEW, IL 60025

**FEI Number: 36-1174500**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HOLSON, RICHARD S III  
Address        1275 MILWAUKEE AVENUE  
City-State-Zip: GLENVIEW IL 60025

Title            DIRECTOR  
Name            HOLSON, PETER D  
Address        1275 MILWAUKEE AVENUE  
City-State-Zip: GLENVIEW IL 60025

Title            DIRECTOR  
Name            DEMONTE, JOSEPH  
Address        1275 MILWAUKEE AVENUE  
City-State-Zip: GLENVIEW IL 60025

Title            TREASURER  
Name            TAUBE, BARBARA L  
Address        1275 MILWAUKEE AVENUE  
City-State-Zip: GLENVIEW IL 60025

Title            DIRECTOR  
Name            HARDY, KIRK W  
Address        1275 MILWAUKEE AVENUE  
City-State-Zip: GLENVIEW IL 60025

Title            COMPTROLLER  
Name            SLOOTHAAK, BARBARA  
Address        1275 MILWAUKEE AVENUE  
City-State-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**

**COMPTROLLER**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date