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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 FEB -7 PM 3:06

DOCUMENT # 818133 (1) INVESTORS GUARANTY LIFE INSURANCE COMPANY

Principal Place of Business 2500 FARMERS DRIVE COLUMBUS OH 43235 Mailing Address 2500 FARMERS DRIVE COLUMBUS OH 43235

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21-24 fields for address, city, state, zip, and country.

3. Date Incorporated or Qualified 08/25/1964 3a. Date of Last Report 03/01/1994 4. FEI Number 91-6034263 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [] No

9. Name and Address of Current Registered Agent MALLERY, THOMAS A STATE TREASURER CAPITAL BLDG. TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent 81 Name WILLIAM D CASEY 82 Street Address (P.O. Box Number is Not Acceptable) 7041 GRAND NATIONAL DRIVE 83 SUITE 230 84 City ORLANDO FL 85 Zip Code 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am

SIGNATURE WILLIAM D CASEY

DATE 1-12-95

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: PD WELCH, THOMAS H; D BRADDOCK, WILLIAM H; S SELTZER, MARYANN MAUSKOP; D MACKINNON, JAMES A; T ZINK, SAMUEL VINCENT; D DENLEA, EDWARD LEO JR.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1-4 (Title, Name, Street Address, City-St-Zip), 5-8 (Title, Name, Street Address, City-St-Zip), 9-12 (Title, Name, Street Address, City-St-Zip), 13-16 (Title, Name, Street Address, City-St-Zip).

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] DATE: 1-30-95