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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 818133 (1)
1. Corporation Name
INVESTORS GUARANTY LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
2500 FARMERS DRIVE 2500 FARMERS DRIVE
COLUMBUS OH 43235 COLUMBUS OH 43235-5706

3. Date Incorporated or Qualified 08/25/1964 3a. Date of Last Report 05/01/1996
4. FEI Number 91-6034263 Applied For Not Applicable
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 ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CASEY, WILLIAM D.
7041 GRAND NATIONAL DRIVE
SUITE 230
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME WELCH, THOMAS H
STREET ADDRESS 2500 FARMERS DRIVE
CITY- ST- ZIP COLUMBUS OH
TITLE D ☐ DELETE
NAME FEISTEIN, DOUGLAS MARTIN
STREET ADDRESS 4680 WILSHIRE BLVD
CITY- ST- ZIP LOS ANGELES CA
TITLE S ☐ DELETE
NAME SELTZER, MARYANN MAUSKOP
STREET ADDRESS 4680 WILSHIRE BLVD.
CITY- ST- ZIP LOS ANGELES CA
TITLE D ☐ DELETE
NAME MACKINNON, JAMES A
STREET ADDRESS 4680 WILSHIRE BLVD.
CITY- ST- ZIP LOS ANGELES CA
TITLE T ☐ DELETE
NAME ZINK, SAMUEL VINCENT
STREET ADDRESS 2500 FARMERS DRIVE
CITY- ST- ZIP COLUMBUS OH
TITLE D ☐ DELETE
NAME DENLEA, EDWARD LEO JR.
STREET ADDRESS 4680 WILSHIRE BLVD.
CITY- ST- ZIP LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME ALAN FRASER PORTER
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME M. DOUGLAS CLOSE
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME RICHARD L. WELLS
6.3 STREET ADDRESS 2500 FARMERS DRIVE
6.4 CITY- ST- ZIP COLUMBUS OH 43235

14. I do 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 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 receiver 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: *Samuel Vincent Zink* S. VINCENT ZINK, TREASURER 4/1/97 614-764-4035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0478256

CR2E034 (9/96)