

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT #

818133

1. Entity Name

Investors Guaranty Life Insurance Company

Principal Place of Business

Mailing Address

818 West Seventh St.
Los Angeles, CA 90017
Attn: CT Corporation

48 Monroe Turnpike
Trumbull, CT 06611
Attn: Oxford Health Plans
General Counsel

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-6034263

Applied For

Not Applicable

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001! Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director ☐ Delete
NAME 48 Monroe Turnpike Charles G.
STREET ADDRESS Trumbull, CT 06611
CITY-ST-ZIP Berg

TITLE Vice President/Director ☐ Delete
NAME Alan Muney, M.D.
STREET ADDRESS 48 Monroe Turnpike
CITY-ST-ZIP Trumbull, CT 06611

TITLE Treasurer/Director ☐ Delete
NAME Kurt B. Thompson
STREET ADDRESS 48 Monroe Turnpike
CITY-ST-ZIP Trumbull, CT 06611

TITLE Secretary ☐ Delete
NAME Scott M. Schwartz
STREET ADDRESS 48 Monroe Turnpike
CITY-ST-ZIP Trumbull, CT 06611

TITLE Director ☐ Delete
NAME Norman Payson, M.D.
STREET ADDRESS 48 Monroe Turnpike
CITY-ST-ZIP Trumbull, CT 06611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott M. Schwartz

Date

Daytime Phone #

8/10/01 2034597624

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 22 PM 2:56

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

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