2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90050 026 ***150.00

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01172005 Chg-P CR2E034 (10/03)

DOCUMENT # 818133

1. Entity Name
INVESTORS GUARANTY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
818 WEST SEVENTH ST. ATTN: CT CORPORATION LOS ANGELES, CA 90017	48 MONROE TURNPIKE ATTN: OXFORD HEALTH PLANS GEN. COUNSEL TRUMBULL, CT 06611

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 PINE ISLAND ROAD PLANTATION, FL 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. 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, 2005 Fee will be $550.00

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	PCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERG, CHARLES G	NAME	
STREET ADDRESS	48 MONROE TURNPIKE	STREET ADDRESS	
CITY-ST-ZIP	TRUMBULL, CT 06611	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	EVP + CMO ☒ Change ☐ Addition
NAME	MUNEY, ALAN M.D.	NAME	MUNEY, ALAN MD
STREET ADDRESS	48 MONROE TURNPIKE	STREET ADDRESS	48 monroe TURNPIKE
CITY-ST-ZIP	TRUMBULL, CT 06611	CITY-ST-ZIP	Trumbull, CT 06611
TITLE	DT ☐ Delete	TITLE	DIRECTOR + ASST. TREAS. ☒ Change ☐ Addition
NAME	THOMPSON, KURT B	NAME	Thompson, Kurt B
STREET ADDRESS	48 MONROE TURNPIKE	STREET ADDRESS	48 monroe TURNPIKE
CITY-ST-ZIP	TRUMBULL, CT 06611	CITY-ST-ZIP	Trumbull, CT 06611
TITLE	S ☐ Delete	TITLE	ASST. SECY ☒ Change ☐ Addition
NAME	COLICA, CARMEL	NAME	Carmel Colica
STREET ADDRESS	48 MONROE TURNPIKE	STREET ADDRESS	48 monroe TURNPIKE
CITY-ST-ZIP	TRUMBULL, CT 06611	CITY-ST-ZIP	Trumbull, CT 06611
TITLE	AS ☒ Delete	TITLE	Secretary + Director ☐ Change ☒ Addition
NAME	MULROE, KAREN W	NAME	Michael McDonnell
STREET ADDRESS	48 MONROE TURNPIKE	STREET ADDRESS	5901 LINCOLN DRIVE
CITY-ST-ZIP	TRUMBULL, CT 06611	CITY-ST-ZIP	EDINA, MN 55436
TITLE	☐ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME		NAME	Robert W. Oberender
STREET ADDRESS		STREET ADDRESS	9900 Bren Road East
CITY-ST-ZIP		CITY-ST-ZIP	Minnetonka, MN 55343

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 an other title empowered.

SIGNATURE: Carmel Colica 1/20/05 (203)459-6379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #