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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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

01172005 Chg-P CR2E034 (10/03)

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

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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 all other like empowered.

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