## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#818133** 

FILED Jan 08, 2007 Secretary of State

Entity Name: INVESTORS GUARANTY LIFE INSURANCE COMPANY

**Current Principal Place of Business: New Principal Place of Business:** 818 WEST SEVENTH ST. ATTN: CT CORPORATION LOS ANGELES, CA 90017 **New Mailing Address: Current Mailing Address:** 48 MONROE TURNPIKE 48 MONROE TURNPIKE ATTN: OXFORD HEALTH PLANS GEN. COUNSEL ATTN: CLAIRE GONZALEZ TRUMBULL, CT 06611 TRUMBULL, CT 06611 FEI Number: 91-6034263 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: PCD (X) Change ( ) Addition Name: HILL, KEVIN R Name: TURPIN, MICHAEL A 48 MONROE TURNPIKE 48 MONROE TURNPIKE Address: Address: City-St-Zip: TRUMBULL, CT 06611 City-St-Zip: TRUMBULL, CT 06611 EVP Title: Title: () Delete () Change () Addition MUNEY, ALAN M.D. Name: Name: 48 MONROE TURNPIKE Address: Address: TRUMBULL, CT 06611 City-St-Zip: City-St-Zip: Title: () Delete Title: AT/D () Change () Addition ANDERSON, CRAIG Name: Name: 48 MONROF TURNPIKE Address: Address: City-St-Zip: TRUMBULL, CT 06611 City-St-Zip: Title: ( ) Delete Title: () Change () Addition COLICA, CARMEL Name: Name: Address: 48 MONROE TURNPIKE Address: City-St-Zip: TRUMBULL, CT 06611 City-St-Zip: Title: S/D Title: () Delete GC (X) Change ( ) Addition RICH, JONATHAN P Name: MCGUIRE, THOMAS J Name: 5901 LINCOLN DRIVE Address: 48 MONROE TURNPIKE Address: City-St-Zip: EDINA, FL 55436 City-St-Zip: TRUMBULL, CT 06611 Title: ( ) Delete Title: () Change () Addition OBERRENDER, ROBERT W Name: Name: 9900 BREN ROAD EAST Address: Address: City-St-Zip: City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEL COLICA AS 01/08/2007