

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90008 044 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 818133**


1. Entity Name  
**INVESTORS GUARANTY LIFE INSURANCE COMPANY**



**Investors Guaranty Life Ins. Co.**  
**Attn: Kathleen Ferreira**  
**475 Steamboat Road, 1st Floor**  
**Greenwich, CT 06830**

**40018181**

Principal Place of Business  
**818 WEST SEVENTH ST.**  
**ATTN: CT CORPORATION**  
**LOS ANGELES, CA 90017**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>475 Steamboat Road</b>		 <b>01182008 Chg-P CR2E034 (12/06)</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>1st Floor</b>			
City & State		City & State <b>Greenwich, CT</b>		4. FEI Number <b>91-6034263</b>	
Zip		Zip <b>06830</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinsuring) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 TURPIN, MICHAEL A 48 MONROE TURNPIKE TRUMBULL, CT 06611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William R. Berkley, Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 Steamboat Road, 1st FL Greenwich, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MUNEY, ALAN M.D. 48 MONROE TURNPIKE TRUMBULL, CT 06611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donato Gasparro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 Steamboat Road, 1st FL Greenwich, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/D ANDERSON, CRAIG 48 MONROE TURNPIKE TRUMBULL, CT 06611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol J. LaPunzina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 Steamboat Road, 1st FL Greenwich, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLICA, CARMEL 48 MONROE TURNPIKE TRUMBULL, CT 06611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathleen A. Ferreira <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 Steamboat Road, 1st FL Greenwich, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC MCGUIRE, THOMAS J 48 MONROE TURNPIKE TRUMBULL, CT 06611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter C. Jonson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 Steamboat Road, 1st FL Greenwich, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OBERRENDER, ROBERT W 9900 BREN ROAD EAST MINNETONKA, MN 55343 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Kathleen A. Ferreira, AVP** 1/24/08 800-866-2308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #