

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 832839 (5)

1. Corporation Name
GUARANTEE PROTECTIVE LIFE COMPANY

Principal Place of Business
8801 INDIAN HILLS DRIVE
OMAHA NE 68114

Mailing Address
8801 INDIAN HILLS DRIVE
OMAHA NE 68114



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1974

4. FEI Number
41-0518060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-7300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OCHSNER, P. D.
8801 INDIAN HILLS DRIVE
OMAHA NE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SPELLMAN, R. A.
8801 INDIAN HILLS DRIVE
OMAHA NE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
J
BOMBERGER, D. L.
8801 INDIAN HILLS DRIVE
OMAHA NE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
SCANLON, S. S.
8801 INDIAN HILLS DRIVE
OMAHA NE

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
BURGH, J. E.
8801 INDIAN HILLS DRIVE
OMAHA NE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SCHUCHTING, T. B.
8801 INDIAN HILLS DRIVE
OMAHA NE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
CFO
William L. Bauhard
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
David L. Bomberger
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Margaret A. Falck
☒ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CP2E034 (10/97)