FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED
95 MAR -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856956 (8)

1. Name of Corporation
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
5250 S 6TH STREET ROAD P.O. BOX 5147 SPRINGFIELD IL 62703	PO BOX 5147 SPRINGFIELD IL 62705 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1983	3a. Date of Last Report: 03/28/1994
4. FEI Number: 31-0727974	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

HUNTER, BILL THE HONORABLE
THE CAPITAL
TALLAHASSEE FL 32301

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: _____ DATE: _____
(NOTE: Registered Agent's signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MELVILLE, JAMES E.	12 NAME	
STREET ADDRESS	5250 S 6TH ST ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	14 CITY-ST-ZIP	
TITLE	CEO	21 TITLE	☐ Change ☐ Addition
NAME	RYHERD, LARRY E	22 NAME	
STREET ADDRESS	5250 S 6TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	24 CITY-ST-ZIP	
TITLE	VC	31 TITLE	☐ Change ☐ Addition
NAME	MORROW, THOMAS F	32 NAME	
STREET ADDRESS	5250 S 6TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, GEORGE E.	42 NAME	
STREET ADDRESS	5250 S 6TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	44 CITY-ST-ZIP	
TITLE	VC	51 TITLE	☐ Change ☐ Addition
NAME	MILLER, THEODORE C.	52 NAME	
STREET ADDRESS	5250 S 6TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an additional

SIGNATURE: Theodore C. Miller V. President 2/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — DATE

217-786-4300
Daytime Phone #

0400011 FN