

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 856956 (8)
1. Corporation Name
UNIVERSAL GUARANTY LIFE INSURANCE COMPANY



Principal Place of Business
5250 S 6TH STREET ROAD
P.O. BOX 5147
SPRINGFIELD IL 62703

Mailing Address
PO BOX 5147
SPRINGFIELD IL 62705
US

3. Date Incorporated or Qualified
06/30/1983

3a. Date of Last Report
03/01/1995

4. FEI Number
31-0727974

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
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
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
85 Zip Code
FL

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 type the printed name of registered agent and date of application.

(If the Registered Agent's signature is required when reinstating, attach signature.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	MELVILLE, JAMES E.	5250 S 6TH ST ROAD	SPRINGFIELD IL	☐
CEO	RYHERD, LARRY E	5250 S 6TH ST	SPRINGFIELD IL	☐
VC	MORROW, THOMAS F	5250 S 6TH STREET	SPRINGFIELD IL	☐
T	FRANCIS, GEORGE E.	5250 S 6TH ST	SPRINGFIELD IL	☐
VC	MILLER, THEODORE C.	5250 S 6TH ST	SPRINGFIELD IL	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
11				☐	☐
12				☐	☐
13				☐	☐
14				☐	☐
21				☐	☐
22				☐	☐
23				☐	☐
24				☐	☐
31				☐	☐
32				☐	☐
33				☐	☐
34				☐	☐
41				☐	☐
42				☐	☐
43				☐	☐
44				☐	☐
51				☐	☐
52				☐	☐
53				☐	☐
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63				☐	☐
64				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Theodore C. Miller* Theodore C. Miller 6-6-96 217-786-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)