


**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90170 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 856956</b> 1. Entity Name <b>UNIVERSAL GUARANTY LIFE INSURANCE COMPANY</b>	
--	---

**40025035**

Principal Place of Business <b>5250 S 6TH STREET ROAD P.O. BOX 5147 SPRINGFIELD, IL 62703</b>	Mailing Address <b>PO BOX 5147 SPRINGFIELD, IL 62705 US</b>
--	--



02052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-0727974</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATTKISSON, RANDALL L 5250 S 6TH ST ROAD SPRINGFIELD, IL 62703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CORRELL, JESSE T 5250 S 6TH ST SPRINGFIELD, IL 62703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, THEODORE C 5250 S 6TH ST SPRINGFIELD, IL 62703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:  Theodore C. Miller 02-21-05 217-241-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #