

Feb 27,
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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 856956		
1. Entity 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
DO NOT WRITE IN THIS SPACE		
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		
		02012006 No Chg-P CR2E034 (11/05)
4. FEI Number 31-0727974		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000448938 03/09/06-80034-007 150.00
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	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Theodore C. Miller		02/20/06 217-241-6300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>