

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856956

FILED
Feb 06, 2012
Secretary of State

Entity Name: UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

Current Principal Place of Business:

5250 S 6TH ST
SPRINGFIELD, IL 62703

New Principal Place of Business:

Current Mailing Address:

PO BOX 5147
SPRINGFIELD, IL 62705 US

New Mailing Address:

FEI Number: 31-0727974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: CORRELL, JESSE T
Address: 5250 S 6TH ST
City-St-Zip: SPRINGFIELD, IL 62703

Title: P
Name: ROUSEY, JAMES P
Address: 5250 S 6TH ST
City-St-Zip: SPRINGFIELD, IL 62703

Title: CFO
Name: MILLER, THEODORE C
Address: 5250 S 6TH ST
City-St-Zip: SPRINGFIELD, IL 62703

Title: SVP
Name: MILLER, THEODORE C
Address: 5250 S 6TH ST
City-St-Zip: SPRINGFIELD, IL 62703

Title: TREA
Name: ANDRE, JACOB J
Address: 5250 S 4TH ST
City-St-Zip: SPRINGFIELD, IL 62703

Title: VP
Name: BORDEN, MICHAEL K
Address: 5250 S 6TH ST
City-St-Zip: SPRINGFIELD, IL 62703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 all other like empowered.

SIGNATURE: THEODORE C. MILLER

SVP

02/06/2012

Electronic Signature of Signing Officer or Director

Date