

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000000505**

1. Entity Name

GULF GUARANTY LIFE INSURANCE COMPANY**FILED**
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90074 027 ***158.75

00018474

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4785 I-55 NORTH, SUITE 200 JACKSON MS 39206		Mailing Address 4785 I-55 NORTH, SUITE 200 JACKSON MS 39206	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address POST OFFICE BOX 12409 Suite, Apt. #, etc.	
City & State		City & State JACKSON MS 39236	
Zip	Country	Zip	Country
4. FEI Number 64-0501131		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ROBERTSON, JACK W JR. 338 ST. ANDREWS DRIVE JACKSON MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERTSON, JACK W. JR. 338 ST. ANDREWS DRIVE JACKSON MS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHT, JOHN HOWARD HIGHWAY 6 WEST OXFORD MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGOTT, ARTHUR WILMAN 71 WOLF HOWLING ROAD COLUMBIA MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V METHVIN, SARAH ELLEN 1821 LINCOLNSHIRE RIDGELAND MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENSON, BETTY JEAN 1920 PARDUE ROAD RAYMOND MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, ALLEY STEPHEN 35 PARK STREET HERNANDO MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: BETTY JEAN PENSON <i>Betty Jean Penson</i>		2/09/01 601 9814920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CP2E034 (10/00)

Attachment
Document # F00000000505
D0018474

2001 UNIFORM BUSINESS REPORT (UBR)

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GULF GUARANTY LIFE INSURANCE COMPANY

BLOCK 11 CONTINUANCE

TITLE	D
NAME	ROBINSON, JR., MCWILLIE MITCHELL
STREET ADDRESS	3850 EASTOVER DRIVE
CITY-ST-ZIP	JACKSON MS 39211

TITLE	D
NAME	ROBERTSON, JAMES HILBUN
STREET ADDRESS	608 MAPLEWOOD DRIVE
CITY-ST-ZIP	HATTIESBURG MS 39402

TITLE	DP
NAME	ROBERTSON, RICHARD COVEY
STREET ADDRESS	5329 BRIARFIELD ROAD
CITY-ST-ZIP	JACKSON MS 39211