


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000505</b> 1. Entity Name <b>GULF GUARANTY LIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>4785 I-55 NORTH, SUITE 200 JACKSON, MS 39206</b>	Mailing Address <b>4785 I-55 NORTH, SUITE 200 JACKSON, MS 39206</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>64-0501131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROBERTSON, JACK W JR. 338 ST. ANDREWS DRIVE JACKSON, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHT, JOHN HOWARD HIGHWAY 6 WEST OXFORD, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIGOTT, ARTHUR WILMAN 71 WOLF HOWLING ROAD COLUMBIA, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V METHVIN, SARAH ELLEN 1821 LINCOLNSHIRE RIDGELAND, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PENSON, BETTY JEAN 1920 PARDUE ROAD RAYMOND, MS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALLARD, ALLEY STEPHEN 35 PARK STREET HERNANDO, MS

<p>UD0000077193 03/05/04-80032-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Betty Jean Penson Betty Jean Penson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/2/04</u> <small>Date</small>	<u>601 981 4920</u> <small>Daytime Phone #</small>
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