

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90312 040 \*\*\*150.00

**DOCUMENT # F00000000505**

1. Entity Name  
**GULF GUARANTY LIFE INSURANCE COMPANY**



Principal Place of Business  
**4785 I-55 NORTH, SUITE 200  
JACKSON, MS 39206**

Mailing Address  
**4785 I-55 NORTH, SUITE 200  
JACKSON, MS 39206**

**50043961**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**64-0501131**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **CD** ☐ Delete  
NAME **ROBERTSON, JACK W JR.**  
STREET ADDRESS **338 ST. ANDREWS DRIVE**  
CITY-ST-ZIP **JACKSON, MS**

TITLE **D** ☐ Delete  
NAME **VAUGHT, JOHN HOWARD**  
STREET ADDRESS **HIGHWAY 6 WEST**  
CITY-ST-ZIP **OXFORD, MS**

TITLE **D** ☐ Delete  
NAME **PIGOTT, ARTHUR WILMAN**  
STREET ADDRESS **71 WOLF HOWLING ROAD**  
CITY-ST-ZIP **COLUMBIA, MS**

TITLE **V** ☐ Delete  
NAME **METHVIN, SARAH ELLEN**  
STREET ADDRESS **1821 LINCOLNSHIRE**  
CITY-ST-ZIP **RIDGELAND, MS**

TITLE **ST** ☒ Delete  
NAME **PENSON, BETTY JEAN**  
STREET ADDRESS **1920 PARDUE ROAD**  
CITY-ST-ZIP **RAYMOND, MS**

TITLE **D** ☐ Delete  
NAME **BALLARD, ALLEY STEPHEN**  
STREET ADDRESS **35 PARK STREET**  
CITY-ST-ZIP **HERNANDO, MS**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **RICHARD C. ROBERTSON**  
STREET ADDRESS **4647 MAUREY ROAD**  
CITY-ST-ZIP **JACKSON, MS 39211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition  
NAME **ROBERT M. BERRY**  
STREET ADDRESS **1018 BAYRIDGE DRIVE**  
CITY-ST-ZIP **JACKSON, MS 39211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert M. Berry*

**ROBERT M. BERRY**

*4/21/05*

**601-981-4920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #