

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

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



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

64-0501131

Applied For

Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U00000942655  
05/29/08-80029-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROBERTSON, JAMES H
STREET ADDRESS	4785 I-55 NORTH, STE 200
CITY-ST-ZIP	JACKSON, MS 39206
TITLE	D
NAME	PIGOTT, ARTHUR WILMAN
STREET ADDRESS	71 WOLF HOWLING ROAD
CITY-ST-ZIP	COLUMBIA, MS
TITLE	V
NAME	METHVIN, SARAH ELLEN
STREET ADDRESS	1821 LINCOLNSHIRE
CITY-ST-ZIP	RIDGELAND, MS
TITLE	ST
NAME	BERRY, ROBERT M
STREET ADDRESS	1018 BAYRIDGE DR
CITY-ST-ZIP	JACKSON, MS 39211
TITLE	D
NAME	BALLARD, ALLEY STEPHEN
STREET ADDRESS	35 PARK STREET
CITY-ST-ZIP	HERNANDO, MS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08  
Date

601-981-4920  
Daytime Phone #