

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000505

FILED
Feb 19, 2009
Secretary of State

Entity Name: GULF GUARANTY LIFE INSURANCE COMPANY

Current Principal Place of Business:

4785 I-55 NORTH, SUITE 200
JACKSON, MS 39206

New Principal Place of Business:

Current Mailing Address:

4785 I-55 NORTH, SUITE 200
JACKSON, MS 39206

New Mailing Address:

FEI Number: 64-0501131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTSON, JAMES H
Address: 4785 I-55 NORTH, STE 200
City-St-Zip: JACKSON, MS 39206

Title: D () Delete
Name: PIGOTT, ARTHUR WILMAN
Address: 71 WOLF HOWLING ROAD
City-St-Zip: COLUMBIA, MS

Title: V () Delete
Name: METHVIN, SARAH ELLEN
Address: 1821 LINCOLNSHIRE
City-St-Zip: RIDGELAND, MS

Title: ST () Delete
Name: BERRY, ROBERT M
Address: 1018 BAYRIDGE DR
City-St-Zip: JACKSON, MS 39211

Title: D (X) Delete
Name: BALLARD, ALLEY STEPHEN
Address: 35 PARK STREET
City-St-Zip: HERNANDO, MS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT M. BERRY

TREA

02/19/2009

Electronic Signature of Signing Officer or Director

Date