

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000505

FILED
Jan 04, 2011
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:

P.O. BOX 12409
JACKSON, MS 39236

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

OFFICERS AND DIRECTORS:

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

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

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

Title: ST
Name: BERRY, ROBERT M
Address: 347 PINEWOOD LANE
City-St-Zip: RIDGELAND, MS 39157

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M. BERRY

TREA

01/04/2011

Electronic Signature of Signing Officer or Director

Date