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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Secti Division of Corpo				
•	JARANTY LIFE INSURAN	СЕ СОМР	ANY	
SUBJECT:	Name of corporat	ion - must	include suffix	
Dear Sir or Madam:				
The enclosed "Application" Certificate of Existence, above referenced foreign of	or "Certificate of Good S	tanding"	and check are sul	
Please return all correspor SHERRY LANG	ndence concerning this ma	tter to the	following:	
		of Person		
GULF GUARANTY LIFE I	NSURANCE COMPANY			
P O BOX 12409	Firm/C	ompany		
JACKSON, MS 39236	Ad	dress		
angic@gulfguaranty.com		e and Zip		
	E-mail address: (to be use	d for futu	re annual report	notification)
For further information co	ncerning this matter, pleas	se call:		
Sherry Lang	601 981-4920 at ()			
Name of Person	Area C		Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the \$70.00 Filing Fee €	\$78.75 Filing Fee & Certificate of Status		'5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

GULF GUARA	NTY LIFE INSURANCE COMPANY		
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting but 64-0501131	siness in Florida)
(State or country under the law of which it is incorporated) 02-19-1970 5.		(FEI number, if applica	ble)
· ·	of incorporation)	(Date of duration, if other than perpetual)	
7		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	里2
		pal office address)	<u> </u>
	(Current maili	ng address, if different)	
3. Name and stree Name:	et address of Florida registered agent: (P. CT CORPORATION	O. Box <u>NOT</u> acceptable)	
Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION (City)	, Florida	
	(City)	(zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nichol McCroy, Assistant Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Jack Westbrook Robertson, Jr. Chairman: 338 St. Andrews Drive Jackson, MS Address: Vice Chairman: James Hilbun Robertson Director: 105 Channel Lane Madison, MS 39110 Address: Richard Steven Cothern Director: 1371 Hwy 49 Flora, MS 39071 Address: **B. OFFICERS** James Hilbun Robertson President: 105 Channel Lane Madison, MS 39110 Address: Sarah Ellen Methvin Vice President: _ 1821 Lincolnshire Ridgeland, MS Address: _ Angie Smith Secretary: 151 Memory Lane Madison, MS 39110 Address: Angie Smith Treasurer: 151 Memory Lane Madison, MS 39110 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. James Hilbun Robertson

(Typed or printed name and capacity of person signing application)

Gulf Guaranty Life Insurance Company Jackson, Mississippi

DIRECTORS continued from Section 11:

Arthur Wilman Pigott 71 Wolf Howling Road Columbia, MS 39429

McWillie Mitchell Robinson Jr. 420 St. Andrews Drive #A21 Jackson, MS 39211

John Westbrook Robertson, III 5146 Kaywood Drive Jackson, MS 39211



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 20th day of February, 1970, the State of Mississippi issued a Charter/Certificate of Authority to:

GULF GUARANTY LIFE INSURANCE COMPANY

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said GULF GUARANTY LIFE INSURANCE COMPANY is in good standing at this time.

Given under my hand and seal of office the 5th day of September, 2018

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN18056572

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx