FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:03

DOCUMENT # P07047 (4)

1. Corporation Name
GUARANTEE MUTUAL LIFE COMPANY

Principal Place of Business	Mailing Address
GUARANTEE CTR.,8801 INDIAN HILLS DR. OMAHA NE 68114	GUARANTEE CTR.,8801 INDIAN HILLS DR. OMAHA NE 68114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1985
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 47-0179235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER CAPITAL BUILDING MONROE STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	☐ Change ☐ Addition
NAME	BATES, ROBERT D.	12 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	COOLEY, THEODORE C	22 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR.	23 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	BOMBERGER, DAVID L.	32 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR.	33 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	SPELLMAN, RICHARD A.	42 NAME	
STREET ADDRESS	8801 INDIAN HILLS DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	OCHSNER, PAUL D.	52 NAME	
STREET ADDRESS	8801 INDIAN HILLS DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	RITTENHOUSE, GARY H	62 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR	63 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: David Bomberger 3-3-95 (402) 341-7391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #