

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07047 (4)

1. Corporation Name

GUARANTEE MUTUAL LIFE COMPANY



Principal Place of Business

**GUARANTEE CTR. 8801 INDIAN HILLS DR.
OMAHA NE 68114**

Mailing Address

**GUARANTEE CTR. 8801 INDIAN HILLS DR.
OMAHA NE 68114**

2. Principal Place of Business

2a. Mailing Address

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State Apt. #, etc.

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State Apt. #, etc.

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City & State

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City & State

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Zip Country

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Zip Country

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Country

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Country

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITAL BUILDING
MONROE STREET
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
08/08/1985

3a. Date of Last Report
03/29/1995

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

10. Name and Address of New Registered Agent

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 607.1503, 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

Signature of person authorized to execute this statement

Signature of Agent submitting report (if not the same person)

Date

12. OFFICERS AND DIRECTORS

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