

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # P07047 (4)

1. Corporation Name:
GUARANTEE LIFE INSURANCE COMPANYPrincipal Place of Business
GUARANTEE CTR. 8801 INDIAN HILLS DR.
OMAHA NE 68114Mailing Address
GUARANTEE CTR. 8801 INDIAN HILLS DR.
OMAHA NE 68114

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1985	3a. Date of Last Report 02/28/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 47-0179235	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITAL BUILDING
MONROE STREET
TALLAHASSEE FL 32301

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, ROBERT D.	1.2 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLEY, THEODORE C	2.2 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE	2.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMBERGER, DAVID L.	3.2 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE	3.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELLMAN, RICHARD A.	4.2 NAME	
STREET ADDRESS	8801 INDIAN HILLS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHSNER, PAUL D.	5.2 NAME	
STREET ADDRESS	8801 INDIAN HILLS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTENHOUSE, GARY H	6.2 NAME	
STREET ADDRESS	8801 INDIAN HILLS DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	OMAHA NE	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

David Bomberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. BOMBERGER

2-20-97

(402) 361-7300

Date

Daytime Phone #

CR2E034 (9/96)