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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07047

1. Corporation Name

GUARANTEE LIFE INSURANCE 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

TITLE PDC
NAME BATES, ROBERT D.
STREET ADDRESS 8801 INDIAN HILLS DR.
CITY-ST-ZIP OMAHA NE ☐ DELETE

TITLE VD
NAME COOLEY, THEODORE C
STREET ADDRESS 8801 INDIAN HILLS DR.
CITY-ST-ZIP OMAHA NE ☐ DELETE

TITLE VT
NAME BOMBERGER, DAVID L.
STREET ADDRESS 8801 INDIAN HILLS DR.
CITY-ST-ZIP OMAHA NE ☒ DELETE

TITLE VS
NAME SPELLMAN, RICHARD A.
STREET ADDRESS 8801 INDIAN HILLS DRIVE
CITY-ST-ZIP OMAHA NE ☐ DELETE

TITLE V
NAME OCHSNER, PAUL D.
STREET ADDRESS 8801 INDIAN HILLS DRIVE
CITY-ST-ZIP OMAHA NE ☐ DELETE

TITLE D
NAME RITTENHOUSE, GARY H
STREET ADDRESS 8801 INDIAN HILLS DR
CITY-ST-ZIP OMAHA NE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President, CFO, Treasurer ☐ Change ☒ Addition
1.2 NAME William L Bauhard
1.3 STREET ADDRESS 8801 Indian Hills Dr
1.4 CITY-ST-ZIP Omaha NE 68114

2.1 TITLE Tax/Compliance manager ☐ Change ☒ Addition
2.2 NAME Kristine L. Levine
2.3 STREET ADDRESS 8801 Indian Hills Dr
2.4 CITY-ST-ZIP Omaha NE 68114

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Kristine L Levine 1/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

402-360-7300

CR2E034 (11/98)