

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # P13606 (9)**

1. Corporation Name

**GUARANTY NATIONAL LIFE INSURANCE COMPANY**

95 MAR -6 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2525 E. ARIZONA BILTMORE CIRCLE SUITE 212 PHOENIX ARIZONA 85016	2525 E. ARIZONA BILTMORE CIRCLE SUITE 212 PHOENIX ARIZONA 85016

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 2525 E. Arizona Biltmore Circle Suite, Apt. #, etc. #212 City & State Phoenix, Az Zip 85016	26 2525 E. Arizona Biltmore Circle Suite, Apt. #, etc. #212 City & State Phoenix, AZ Zip 85016
23 Country	29 Country
25	30 U.S.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/13/1987	04/26/1994
4. FEI Number	Applied For
75-6019858	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
THE CAPITAL  
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 607.1506, 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 Registered Agent)*

*(Signature of Registered Agent)*

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	PDT
2. NAME	FORREST, KENT D
3. STREET ADDRESS	14330 W SYLVANFIELD DR
4. CITY, ST, ZIP	HOUSTON TX
5. TITLE	S
6. NAME	CHISUM, RONALD L
7. STREET ADDRESS	14330 W SYLVANFIELD
8. CITY, ST, ZIP	HOUSTON TX
9. TITLE	VD
10. NAME	FORREST, G L
11. STREET ADDRESS	14330 W SYLVANFIELD DR
12. CITY, ST, ZIP	HOUSTON TX
13. TITLE	D
14. NAME	FORREST, BERNICE R
15. STREET ADDRESS	14330 W SYLVANFIELD DR
16. CITY, ST, ZIP	HOUSTON TX
17. TITLE	D
18. NAME	LOVELESS, MARIANNE F
19. STREET ADDRESS	14330 W SYLVANFIELD DR
20. CITY, ST, ZIP	HOUSTON TX
21. TITLE	D
22. NAME	FOREST, SHEILA L
23. STREET ADDRESS	14330 W SYLVANFIELD DR
24. CITY, ST, ZIP	HOUSTON TX

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	A.R. TOWNSEND, SR	
3. STREET ADDRESS	2525 E. ARIZONA BILTMORE CIRCLE #212	
4. CITY, ST, ZIP	PHOENIX, ARIZONA 85016-2130	
5. TITLE	S/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	DONALD L. ADDINK	
7. STREET ADDRESS	2525 E. ARIZONA BILTMORE CIRCLE #212	
8. CITY, ST, ZIP	PHOENIX, ARIZONA 85016-2130	
9. TITLE	V/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	DANIEL H. BAAK	
11. STREET ADDRESS	2525 E. ARIZONA BILTMORE CIRCLE #212	
12. CITY, ST, ZIP	PHOENIX, ARIZONA 85016-2130	
13. TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	J. CAREY WIMBLE	
15. STREET ADDRESS	2525 E. ARIZONA BILTMORE CIRCLE #212	
16. CITY, ST, ZIP	PHOENIX, ARIZONA 85016 - 2130	
17. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	LAURA LEE LUCAS	
19. STREET ADDRESS	2525 E. ARIZONA BILTMORE CIRCLE #212	
20. CITY, ST, ZIP	PHOENIX, ARIZONA 85016-2130	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	N/A	
23. STREET ADDRESS		
24. CITY, ST, ZIP		

14. I, the undersigned, certify that the information provided with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this statement of an organizational annual report is true and accurate and that my signature shall have the same legal effect as if each officer or director had personally or caused the preparation of this report or had signed my name to this report as required by Chapter 417, Florida Statutes, and that my name appears on Form 12 or 13 as a change, or as an officer named with an address.

SIGNATURE: *(Signature of Carry Wamble)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CARRY WAMBLE

FEBRUARY 24, 1995

(602)553-8000