

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90249 024 ***150.00

DOCUMENT # 850312

1. Entity Name
COLUMBIA INSURANCE COMPANY

Principal Place of Business
3024 HARNEY STREET
OMAHA NE 68131-0580

Mailing Address
3024 HARNEY STREET
OMAHA NE 68131-0580

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
47-0530077

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BALLER, LESLIE J	
STREET ADDRESS	3024 HARNEY STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, MICHAEL A.	
STREET ADDRESS	1440 KIEWIT PLAZA	
CITY-ST-ZIP	OMAHA NE	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WURSTER, DONALD F.	
STREET ADDRESS	3024 HARNEY STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	KRUTTER, FORREST N.	
STREET ADDRESS	3024 HARNEY STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BUFFETT, WARREN	
STREET ADDRESS	1440 KIEWIT PLAZA	
CITY-ST-ZIP	OMAHA NE	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMBURG, MARC D	
STREET ADDRESS	1440 KIEWIT PLAZA	
CITY-ST-ZIP	OMAHA NE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald F. Wurster* **SIGNATURE REQUIRED** **Donald F. Wurster**

4-8-02 (402) 536-3000
 Date Daytime Phone #

CR2E034 (9/01)