

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

95 MAR -3 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P21451 (0)

1. Corporation Name

COLUMBIAN LIFE INSURANCE COMPANY

Principal Place of Business

JACK R. MANNING PLAZA  
BINGHAMTON NY 13902  
US

Mailing Address

JACK R. MANNING PLAZA  
BINGHAMTON NY 13902  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/25/1988

3a. Date of Last Report

03/01/1994

4. FEI Number

16-1321681

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23 BINGHAMTON, NY

Zip

Country

24

25

2a. Mailing Address

26

VESTAL PARKWAY EAST

27

Suite, Apt. #, etc.

28

City & State

29

BINGHAMTON, NY 13902

Zip

Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
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 mandating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | PC                     |
| NAME           | SHILLESTAD, JOHN G.    |
| STREET ADDRESS | JACK R. MANNING PLAZA  |
| CITY-ST-ZIP    | BINGHAMTON NY          |
| TITLE          | V                      |
| NAME           | FUNK, RONALD W.        |
| STREET ADDRESS | JACK R. MANNING PLAZA  |
| CITY-ST-ZIP    | BINGHAMTON NY          |
| TITLE          | TV                     |
| NAME           | CRISAFULLI, FRANK, JR. |
| STREET ADDRESS | JACK R. MANNING PLAZA  |
| CITY-ST-ZIP    | BINGHAMTON NY          |
| TITLE          | S                      |
| NAME           | SCHMELLER, TANYA L.    |
| STREET ADDRESS | JACK R. MANNING PLAZA  |
| CITY-ST-ZIP    | BINGHAMTON NY          |
| TITLE          | D                      |
| NAME           | BARNEY, CAREY S.       |
| STREET ADDRESS | JACK R. MANNING PLAZA  |
| CITY-ST-ZIP    | BINGHAMTON NY          |
| TITLE          | D                      |
| NAME           | CONLIN, R. DEAN        |
| STREET ADDRESS | JACK R. MANNING PLAZA  |
| CITY-ST-ZIP    | BINGHAMTON NY          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, even as an attachment with an address.

SIGNATURE:

GREGORY J. NILLES

2/23/95

(607) 724-2472

VICE PRESIDENT & COMPTROLLER