

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850312

Entity Name: COLUMBIA INSURANCE COMPANY**Current Principal Place of Business:**1314 DOUGLAS STREET
SUITE 1400
OMAHA, NE 68102-1944**Current Mailing Address:**1314 DOUGLAS STREET
SUITE 1400
OMAHA, NE 68102-1944 US**FEI Number:** 47-0530077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	WURSTER, DONALD F.
Address	1314 DOUGLAS STREET SUITE 1400
City-State-Zip:	OMAHA NE 68102-1944

Title	T
Name	GEISTKEMPER, DALE D
Address	1314 DOUGLAS STREET SUITE 1400
City-State-Zip:	OMAHA NE 68102-1944

Title	D
Name	HAMBURG, MARC D
Address	3555 FARNAM STREET SUITE 1440
City-State-Zip:	OMAHA NE 68131

Title	AVP
Name	RATHBUN, RODNEY L
Address	1314 DOUGLAS STREET SUITE 1400
City-State-Zip:	OMAHA NE 68102-1944

Title	ASST. SECRETARY
Name	GARELIK, KATHIA
Address	1314 DOUGLAS STREET SUITE 1400
City-State-Zip:	OMAHA NE 68102-1944

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHIA GARELIK**ASSISTANT SECRETARY** 04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date