FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P07086** **(2)**

1. Corporation Name

COMBINED UNDERWRITERS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
307 NORTH GLENWOOD PO BOX 2503 TYLER TX 75710	307 NORTH GLENWOOD PO BOX 2503 TYLER TX 75710

3. Date Incorporated or Qualified: **08/13/1985**

3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21

Suite, Apt. # etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

4. FEI Number: **75-0892859** ☐ 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

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	COLE, GARY C.		12 NAME		
STREET ADDRESS	307 N. GLENWOOD		13 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		14 CITY ST ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	REAMY, MILO V.		22 NAME		
STREET ADDRESS	307 N. GLENWOOD		23 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		24 CITY ST ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, BETTY		32 NAME		
STREET ADDRESS	307 N. GLENWOOD		33 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		34 CITY ST ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, DONNA		42 NAME		
STREET ADDRESS	307 N. GLENWOOD		43 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		44 CITY ST ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	LITTLE, WALDEN P.		52 NAME		
STREET ADDRESS	307 N. GLENWOOD		53 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		54 CITY ST ZIP		
TITLE	VD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	ROONEY, REGINA		62 NAME		
STREET ADDRESS	307 N. GLENWOOD		63 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemptions 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 attached sheet, with an address.

SIGNATURE: _____ DONNA SMITH 4-23-96 (903) 597-3761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)