FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 75710-2503

3. Date Incorporated or Qualified: 08/13/1985
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLE, GARY C.		1.2 NAME		
STREET ADDRESS	307 N. GLENWOOD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REAMY, MILO V.		2.2 NAME		
STREET ADDRESS	307 N. GLENWOOD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, BETTY		3.2 NAME		
STREET ADDRESS	307 N. GLENWOOD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DONNA		4.2 NAME		
STREET ADDRESS	307 N. GLENWOOD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LITTLE, WALDEN P.		5.2 NAME		
STREET ADDRESS	307 N. GLENWOOD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROONEY, REGINA		6.2 NAME		
STREET ADDRESS	307 N. GLENWOOD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TYLER TX		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 furthor 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 attachment with an address.

SIGNATURE: [signature] SIGNATURE PLEASE 4-16-97