FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90006 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07086

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 County 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 owes the current year intangible Personal Property Tax. ☐ 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		

14. 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 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, with all other like empowered

SIGNATURE: _____ DONNA SMITH 4/23/99 903-597-3761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)