2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90022 046 ***150.00

DOCUMENT # P07086

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-0892859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. MONROE STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. *This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)* ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLE, GARY C.		NAME	
STREET ADDRESS	307 N. GLENWOOD		STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REAMY, MILO V.		NAME	
STREET ADDRESS	307 N. GLENWOOD		STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
~~NAME~~	~~MITCHELL, BETTY~~		~~NAME~~	
STREET ADDRESS	307 N. GLENWOOD		STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, DONNA		NAME	
STREET ADDRESS	307 N. GLENWOOD		STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LITTLE, WALDEN P.		NAME	
STREET ADDRESS	307 N. GLENWOOD		STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROONEY, REGINA		NAME	
STREET ADDRESS	307 N. GLENWOOD		STREET ADDRESS	
CITY-ST-ZIP	TYLER TX		CITY-ST-ZIP	

CE 014 (9/99)

13. *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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Donna Smith 4-26-00 903-597-3761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #