FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18038** **(0)**

1. Corporation Name

COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
11044 RESEARCH BLVD. BLDG A. 5TH FLOOR AUSTIN TX 78759	11044 RESEARCH BLVD. BLDG A. 5TH FLOOR AUSTIN TX 78759

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/16/1988

3a. Date of Last Report: 04/27/1994

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: 75-0956156 ☐ 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

7. 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
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	D	11 TITLE	Director	☒ Change ☐ Addition
NAME	JORDAN, GEORGE R., JR.	12 NAME	Louis Crane	
STREET ADDRESS	510 BERING DR., STE 300	13 STREET ADDRESS	11044 Research Blvd., Bldg. A#500	
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP	Austin, TX 78759	
TITLE	PD	21 TITLE	President & Director	☒ Change ☐ Addition
NAME	GRABER, LARRY R.	22 NAME	Mike L. Pinkham	
STREET ADDRESS	11044 RESEARCH BLVD	23 STREET ADDRESS	11044 Research Blvd., Bldg., A#500	
CITY-ST-ZIP	AUSTIN TX	24 CITY-ST-ZIP	Austin, TX 78759	
TITLE	CFT	31 TITLE	VP, Secretary, Treasurer, Director	☒ Change ☐ Addition
NAME	BUESCHER, BYRON K.	32 NAME	Byron K. Buescher	
STREET ADDRESS	11044 RESEARCH BLVD	33 STREET ADDRESS	11044 Research Blvd., Bldg. A#500	
CITY-ST-ZIP	AUSTIN TX	34 CITY-ST-ZIP	Austin, TX 78759	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	FORMAN, BRIAN D.	42 NAME		
STREET ADDRESS	11044 RESEARCH BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	Vice President	☒ Change ☐ Addition
NAME	EDWARDS, LESTER L.	52 NAME	Anita Wilkins	
STREET ADDRESS	11044 RESEARCH BLVD	53 STREET ADDRESS	11044 Research Blvd., Bldg. A#500	
CITY-ST-ZIP	AUSTIN TX	54 CITY-ST-ZIP	Austin, TX 78759	
TITLE		61 TITLE	Vice President	☒ Change ☐ Addition
NAME		62 NAME	Edward A. Mire	
STREET ADDRESS		63 STREET ADDRESS	11044 Research Blvd., Bldg., A#500	
CITY-ST-ZIP		64 CITY-ST-ZIP	Austin, TX 78759	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Byron K. Buescher 4/21/95 (800) 880-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491270 FP