

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 # **P18038** (0)

1. Corporation Name

COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY



Principal Place of Business

**11044 RESEARCH BLVD., BLDG A, 5TH FLOOR
AUSTIN TX 78759**

Mailing Address

**11044 RESEARCH BLVD., BLDG A, 5TH FLOOR
AUSTIN TX 78759**

3. Date Incorporated or Qualified
02/16/1988

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 **P. O. Box 200225**

Suite, Apt. #, etc.

27

City & State

28

Austin, TX

29

78720-0225

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

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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

CRANE, LOUIS

**11044 RESEARCH BLVD, BLDG A #500
AUSTIN TX**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

PINKHAM, MIKE L.

**11044 RESEARCH BLVD, BLDG A #500
AUSTIN TX**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPST

BUESCHER, BYRON K.

**11044 RESEARCH BLVD, BLDG A #500
AUSTIN TX**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD

FORMAN, BRIAN D.

**11044 RESEARCH BLVD
AUSTIN TX**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

WILKINS, ANITA

**11044 RESEARCH BLVD, BLDG A #500
AUSTIN TX**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

MIRE, EDWARD A.

**11044 RESEARCH BLVD, BLDG A #500
AUSTIN TX**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Austin, TX 78759

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Austin, TX 78759

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**VPTD
Buescher, Byron K.
Austin, TX 78759**

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**VPD
Forman, Brian D.
Austin, TX 78759**

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

**S
Joy J. Lloyd
11044 Research Blvd, Bldg. A #500
Austin, TX 78759**

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**VPD
Mire, Edward A.
Austin, TX 78759**

☒ Change ☐ Addition

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)(k), 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

Byron K. Buescher, SR VP & CFO

4/18/96

(512) 345-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)