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May 02 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 # 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
P.O. BOX 200225
AUSTIN TX 78720-0225
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1988		3a. Date of Last Report 04/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-0956156		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRANE, LOUIS			1.2 NAME			
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500			1.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINKHAM, MIKE L.			2.2 NAME			
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500			2.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			2.4 CITY-ST-ZIP			
TITLE	VPTD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUESCHER, BYRON K.			3.2 NAME	Zack G. Athens		
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500			3.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORMAN, BRIAN D.			4.2 NAME			
STREET ADDRESS	11044 RESEARCH BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOY J. LLOYD			5.2 NAME			
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500			5.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			5.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIRE, EDWARD A.			6.2 NAME	Anita L. Wilkins		
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500			6.3 STREET ADDRESS			
CITY-ST-ZIP	AUSTIN TX			6.4 CITY-ST-ZIP			

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 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: Zack G. Athens Zack G. Athens 4-18-97 (512) 345-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)