


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90136 023 ***150.00

0559554

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P18038

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1988

4. FEI Number

75-0956156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11211 Taylor Draper Lane

Suite, Apt. #, etc.

22 Suite 200

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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	D	XX DELETE
NAME	CRANE, LOUIS	
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500	
CITY-ST-ZIP	AUSTIN TX	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PINKHAM, MIKE L.	
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500	
CITY-ST-ZIP	AUSTIN TX	

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ATHENS, ZACK G.	
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500	
CITY-ST-ZIP	AUSTIN TX	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FORMAN, BRIAN D.	
STREET ADDRESS	11044 RESEARCH BLVD	
CITY-ST-ZIP	AUSTIN TX	

TITLE	S	<input type="checkbox"/> DELETE
NAME	JOY J. LLOYD	
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500	
CITY-ST-ZIP	AUSTIN TX	

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ALLEN, FRANK T III	
STREET ADDRESS	11044 RESEARCH BLVD, BLDG A #500	
CITY-ST-ZIP	AUSTIN TX 78759	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T. O'Neal Douglas	
1.3 STREET ADDRESS	1776 American Heritage Life Dr.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32224	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	11211 Taylor Draper Lane, Suite 200	
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	11211 Taylor Draper Lane, Suite 200	
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	11211 Taylor Draper Lane, Suite 200	
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	11211 Taylor Draper Lane, Suite 200	
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	11211 Taylor Draper Lane, Suite 200	
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

512/345-3200

Daytime Phone #

CR2E034 (1/98)