

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90059 050 ***150.00

DOCUMENT # P18038

1. Entity Name

COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

Principal Place of Business

**11211 TAYLOR DRAPER LANE
 SUITE 200
 AUSTIN TX 78759
 US**

Mailing Address

**P.O. BOX 200225
 AUSTIN TX 78720-0225
 US**

2. Principal Place of Business

**1005 Congress Avenue
 STE. 825**

3. Mailing Address

**3075 SANDERS ROAD
 STE. H1A**

Suite, Apt. #, etc.

AUSTIN, TX

Suite, Apt. #, etc.

NORTHBROOK, IL

City & State

78701

Country

US

City & State

60062

Country

US

4. FEI Number

75-0956156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	COBO	<input checked="" type="checkbox"/> Delete
NAME	MOREHEAD, RICHARD C	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PINKHAM, MIKE	
STREET ADDRESS	11211 TAYLOR DRAPER LANE, SUITE 200	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ATHENS, ZACK G.	
STREET ADDRESS	1121 TAYLOR DRAPER LANE, SUITE 200	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FORMAN, BRIAN D.	
STREET ADDRESS	11211 TAYLOR DRAPER LANE, SUITE 200	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOY J. LLOYD	
STREET ADDRESS	11211 TAYLOR DRAPER LANE, SUITE 200	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, FRANK T III	
STREET ADDRESS	11211 TAYLOR DRAPER LANE, SUITE 200	
CITY-ST-ZIP	AUSTIN TX 78759	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS J. WILSON, II	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. VALDTTA	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLA G. FRIEDMAN	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN E. SHEBIK	
STREET ADDRESS	3100 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL H. PILCH	
STREET ADDRESS	3075 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES P. ZILS	
STREET ADDRESS	3075 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK, IL 60062	

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.

Lynn Cirincione

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Authorized Representative

4/10/02 (847) 462-3029

Date

Daytime Phone #

CR2E034 (9/01)