

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P18038
1. Entity Name
Columbia Universal Life Insurance Company



FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90262 004 ***150.00

DO NOT WRITE IN THIS SPACE

20045946

2. Principal Place of Business 4020 East Indian School Road		3. Mailing Address 4020 E Indian School Rd		4. FEI Number 75-0956156		Applied For <input type="checkbox"/>
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A		Not Applicable		
City & State Phoenix, AZ		City & State Phoenix, Arizona		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 85018	Country USA	Zip 85018	Country USA			

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7. Name and Address of Current Registered Agent

Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
City Plantation	Zip Code FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE¹

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<p><input checked="" type="checkbox"/> January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS

<p>TITLE President P NAME Wayne Schreck STREET ADDRESS 4020 East Indian School Road, Suite A CITY-ST-ZIP Phoenix, Arizona 85018</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE CEO C NAME Ernest Garcia STREET ADDRESS 4020 East Indian School Road, Suite A CITY-ST-ZIP Phoenix, Arizona 85018</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE Secretary S NAME Steven Johnson STREET ADDRESS 4020 East Indian School Road, Suite A CITY-ST-ZIP Phoenix, Arizona 85018</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE Treasurer T NAME Nancy Young STREET ADDRESS 4020 East Indian School Road, Suite A CITY-ST-ZIP Phoenix, Arizona 85018</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE Vice President V NAME Denise Thoren STREET ADDRESS 4020 East Indian School Road, Suite A CITY-ST-ZIP Phoenix, Arizona 85018</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/05

Date

(602) 385-3625

Daytime Phone #