2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# P18038

Entity Name: COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

4020 E INDIAN SCHOOL RD
SUITE A
PHOENIX, AZ 85018 US

New Principal Place of Business:

Current Mailing Address:

4020 E INDIAN SCHOOL RD
SUITE A
PHOENIX, AZ 85018 US

New Mailing Address:

FEI Number: 75-0956156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SCHRECK, WAYNE	
Address:	4020 EAST INDIAN SCHOOL RD, STE A	
City-St-Zip:	PHOENIX, AZ 85018	
Title:	CEO	( ) Delete
Name:	GARCIA, ERNEST	
Address:	4020 EAST INDIAN SCHOOL RD, ATE A	
City-St-Zip:	PHOENIX, AZ 85018	
Title:	S	( ) Delete
Name:	JOHNSON, STEVEN	
Address:	4020 EAST INDIAN SCHOOL RD, STE A	
City-St-Zip:	PHOENIX, AZ 85018	
Title:	T	( ) Delete
Name:	YOUNG, NANCY	
Address:	4020 EAST INDIAN SCHOOD RD, STE A	
City-St-Zip:	PHOENIX, AZ 85018	
Title:	V	( ) Delete
Name:	THOREN, DENISE	
Address:	4020 EAST INDIAN SCHOOL RD, STE A	
City-St-Zip:	PHOENIX, AZ 85018	
Title:	T	(X) Delete
Name:	ZILS, JAMES P	
Address:	3075 SANDERS ROAD	
City-St-Zip:	NORTHBROOK, IL 60062	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CEO	(X) Change ( ) Addition
Name:	GARCIA, ERNEST	
Address:	4020 EAST INDIAN SCHOOL RD, STE A	
City-St-Zip:	PHOENIX, AZ 85018	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SCHRECK PRES 01/20/2006

Electronic Signature of Signing Officer or Director Date