

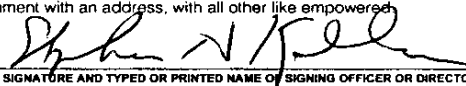


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 048 \*\*\*150.00

<b>DOCUMENT # P18038</b> 1. Entity Name <b>COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY</b>			
Principal Place of Business <b>4020 E INDIAN SCHOOL RD SUITE A PHOENIX, AZ 85018 US</b>		Mailing Address <b>4020 E INDIAN SCHOOL RD SUITE A PHOENIX, AZ 85018 US</b>	
2. Principal Place of Business - No P.O. Box # <b>10370 Citation Dr</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Brighton MI</b> Zip <b>48116</b> Country <b>US</b>		3. Mailing Address <b>10370 Citation Dr</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Brighton MI</b> Zip <b>48116</b> Country <b>US</b>	
			
		03262007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>75-0956156</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD FORT LAUDERDALE, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P	TITLE	P/D
NAME	SCHRECK, WAYNE	NAME	Eva Lisa Wendt
STREET ADDRESS	4020 EAST INDIAN SCHOOL RD, STE A	STREET ADDRESS	10370 Citation Dr, Suite 100
CITY-ST-ZIP	PHOENIX, AZ 85018	CITY-ST-ZIP	Brighton, MI 48116
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CEO	TITLE	T
NAME	GARCIA, ERNEST	NAME	Stephen Howard Kellar
STREET ADDRESS	4020 EAST INDIAN SCHOOL RD, STE A	STREET ADDRESS	10370 Citation Dr, Suite 100
CITY-ST-ZIP	PHOENIX, AZ 85018	CITY-ST-ZIP	Brighton, MI 48116
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	S
NAME	JOHNSON, STEVEN	NAME	Barilyn Hogan
STREET ADDRESS	4020 EAST INDIAN SCHOOL RD, STE A	STREET ADDRESS	10370 Citation Dr, Suite 100
CITY-ST-ZIP	PHOENIX, AZ 85018	CITY-ST-ZIP	Brighton, MI 48116
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	P
NAME	YOUNG, NANCY	NAME	Daniel Joseph Koepf
STREET ADDRESS	4020 EAST INDIAN SCHOOL RD, STE A	STREET ADDRESS	10370 Citation Dr, Suite 100
CITY-ST-ZIP	PHOENIX, AZ 85018	CITY-ST-ZIP	Brighton, MI 48116
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	D
NAME	THOREN, DENISE	NAME	Mark Robert Bartlett
STREET ADDRESS	4020 EAST INDIAN SCHOOL RD, STE A	STREET ADDRESS	10370 Citation Dr, #100
CITY-ST-ZIP	PHOENIX, AZ 85018	CITY-ST-ZIP	Brighton, MI 48116
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	D
NAME		NAME	Richard Elliot Whitmer
STREET ADDRESS		STREET ADDRESS	10370 Citation Dr, Suite 100
CITY-ST-ZIP		CITY-ST-ZIP	Brighton, MI 48116
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03-30-07 810-220-7700 <small>Date Daytime Phone #</small>	
<b>STEPHEN H. KELLAR, TREASURER</b>			