

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90153 032 ***150.00

DOCUMENT # P18038

1. Entity Name
COLUMBIA UNIVERSAL LIFE INSURANCE COMPANY



Principal Place of Business
1005 CONGRESS AVENUE
STE 825
AUSTIN TX 78701
US

Mailing Address
3075 SANDERS ROAD
STE H1A
NORTHBROOK IL 60062
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-0956156**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN / 1

| | | |
|-----------------|----------------------|---|
| TITLE | CEO | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CASEY, JOSEPH SYLLA | |
| STREET ADDRESS | 3100 SANDERS ROAD | |
| CITY - ST - ZIP | NORTHBROOK, IL 60062 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)