

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839522

FILED
Mar 20, 2009
Secretary of State

Entity Name: CENTRAL BENEFITS NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

4079 EXECUTIVE PARKWAY
WESTERVILLE, OH 43081

New Principal Place of Business:

655 METRO PLACE SOUTH
SUITE 600
DUBLIN, OH 43017

Current Mailing Address:

4079 EXECUTIVE PARKWAY
WESTERVILLE, OH 43081

New Mailing Address:

655 METRO PLACE SOUTH
SUITE 600
DUBLIN, OH 43017

FEI Number: 35-0982487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DVPT () Delete
Name: HOFFMAN, JOSEPH H
Address: 4079 EXECUTIVE PARKWAY
City-St-Zip: WESTERVILLE, OH 43081

Title: DP () Delete
Name: MECHLING, WILLIAM C
Address: 4079 EXECUTIVE PARKWAY
City-St-Zip: WESTERVILLE, OH 43081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change () Addition
Name: HOFFMAN, JOSEPH H
Address: 655 METRO PLACE SOUTH, SUITE 600
City-St-Zip: DUBLIN, OH 43017

Title: DP (X) Change () Addition
Name: MECHLING, WILLIAM C
Address: 655 METRO PLACE SOUTH, SUITE 600
City-St-Zip: DUBLIN, OH 43017

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH H. HOFFMAN

DVPT

03/20/2009

Electronic Signature of Signing Officer or Director

Date