

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845809

FILED
Jan 04, 2006
Secretary of State

Entity Name: CITIZENS SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

12910 SHELBYVILLE ROAD, SUITE 300
P O BOX 436149
LOUISVILLE, KY 402533149

New Principal Place of Business:

Current Mailing Address:

12910 SHELBYVILLE ROAD, SUITE 300
P O BOX 436149
LOUISVILLE, KY 402533149

New Mailing Address:

FEI Number: 61-0648389

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: D () Delete
Name: HARRALSON, JOHN H JR
Address: 318 SPRITE RD
City-St-Zip: LOUISVILLE, KY 40207

Title: D () Delete
Name: KILEY, FRANK T
Address: 4350 BROWNSBORO RD, SUITE 310
City-St-Zip: LOUISVILLE, KY 40207

Title: P () Delete
Name: BOST, JOSEPH M
Address: 8112 SEVEN MILR DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: SCHWEITZER, LEN E.,
Address: 322 FAIRMEADE RD
City-St-Zip: LOUISVILLE, KY 40207

Title: T () Delete
Name: SCHWEITZER, LEN E
Address: 322 FAIRMEADE RD
City-St-Zip: LOUISVILLE, KY 40207

Title: D () Delete
Name: WELLS, DARRELL R
Address: 4350 BROWNSBORO RD, SUITE 310
City-St-Zip: LOUISVILLE, KY 40207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: LEN E. SCHWEITZER

SECY

01/04/2006

Electronic Signature of Signing Officer or Director

Date