

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90059 021 ***150.00

DOCUMENT # 845809

1. Entity Name
CITIZENS SECURITY LIFE INSURANCE COMPANY



Principal Place of Business
**12910 SHELBYVILLE ROAD, SUITE 300
P O BOX 436149
LOUISVILLE, KY 40253-3149**

Mailing Address
**12910 SHELBYVILLE ROAD, SUITE 300
P O BOX 436149
LOUISVILLE, KY 40253-3149**

40001806



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
61-0648389

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARRALSON, JOHN H JR**
CITY-ST-ZIP **318 SPRITE RD
LOUISVILLE, KY 40207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KILEY, FRANK T**
CITY-ST-ZIP **4350 BROWNSBORO RD, SUITE 310
LOUISVILLE, KY 40207**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Tank, George A.**
CITY-ST-ZIP **3897 Tarpin Woods CT.
CINCINNATI, OH 45244**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **BOST, JOSEPH M**
CITY-ST-ZIP **8112 SEVEN MILR DRIVE
PONTE VEDRA BEACH, FL 32082**

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **Cornett, John D.**
CITY-ST-ZIP **12910 Shelbyville Rd.
Louisville, KY 40253**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SCHWEITZER, LEN E.**
CITY-ST-ZIP **322 FAIRMEADE RD
LOUISVILLE, KY 40207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SCHWEITZER, LEN E**
CITY-ST-ZIP **322 FAIRMEADE RD
LOUISVILLE, KY 40207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WELLS, DARRELL R**
CITY-ST-ZIP **4350 BROWNSBORO RD, SUITE 310
LOUISVILLE, KY 40207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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Len E. Schweitzer **Len E. Schweitzer**

1/4/07 (502) 244-2431