

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845809

FILED
Jan 04, 2012
Secretary of State

Entity Name: CITIZENS SECURITY LIFE INSURANCE COMPANY

Current Principal Place of Business:

12910 SHELBYVILLE ROAD
SUITE 300
LOUISVILLE, KY 40243

New Principal Place of Business:

Current Mailing Address:

12910 SHELBYVILLE ROAD, SUITE 300
P O BOX 436149
LOUISVILLE, KY 402536149

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

OFFICERS AND DIRECTORS:

Title: D
Name: HARRALSON, JOHN H JR
Address: 3824 WILMINGTON AVENUE
City-St-Zip: LOUISVILLE, KY 40207

Title: P
Name: CORNETT, JOHN D
Address: 12910 SHELBYVILLE RD
City-St-Zip: LOUISVILLE, KY 40253

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LEN E. SCHWEITZER

SECR

01/04/2012

Electronic Signature of Signing Officer or Director

Date