


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90001 016 ***158.75

DOCUMENT # 846027 1. Entity Name CITIZENS INSURANCE COMPANY OF AMERICA	
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Principal Place of Business 400 E ANDERSON LANE AUSTIN, TX 78752 US	Mailing Address PO BOX 149151 AUSTIN, TX 78714-9151 US
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54067135



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07302004 Chg-P CR2E034 (10/03)

4. FEI Number 84-0583103		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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	
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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WOOD, JEFF 400 EAST ANDERSON LANE AUSTIN, TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, HAROLD 400 EAST ANDERSON LANE AUSTIN, TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC RILEY, RICK D 400 EAST ANDERSON LANE AUSTIN, TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, MARK A 400 EAST ANDERSON LANE AUSTIN, TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MEHLE, DAVID J 400 EAST ANDERSON LANE AUSTIN, TX 78754 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCHWEITZ, MICHAEL 400 E ANDERSON LANE AUSTIN, TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Mark A. Oliver, President August 4, 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **512-837-7100** Daytime Phone #

Attachment # 54067135
~~# 846027~~
CITIZENS INSURANCE COMPANY OF AMERICA
OFFICERS & DIRECTORS
JULY 30, 2004

Directors

Harold E. Riley

Rick D. Riley

Mark A. Oliver

Marcia F. Emmons

Ray A. Riley

	OFFICERS	TITLES
	Rick D. Riley	Chairman of the Board, Chief Executive Officer
	Mark A. Oliver	President, Chief Investment Officer and Treasurer
	Ray A. Riley	Exec. Vice President, Chief Operations Officer and Chief Pilot
	Clayton D. Dunham	Executive Vice President and Chief Marketing Officer
	Marcia F. Emmons	Vice President, General Counsel and Secretary
	Jeffrey J. Wood	Vice President, Financial Reporting and Tax
	Michael P. Buchweitz	Vice President, Chief Underwriter
	Robert E. Rainey	Vice President, Electronic Systems
	Edward D. Emmert	Vice President, Accounting
	Sarah C. Morris	Vice President, Claims
	Larry D. Welch	Vice President, Policyowner Service
	William J. McCarthy	Vice President, Chief Actuary
	Norma V. Dillard	Vice President, Marketing Services
	Phillip E. Faller	Assistant Vice President, Compliance
	Jennifer K. Hunter	Assistant Vice President, Systems Training
	James J. Yates	Assistant Vice President, International Marketing



CITIZENS INSURANCE COMPANY OF AMERICA

August 4, 2004

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

VIA OVERNIGHT DELIVERY

**RE: 2004 FOR PROFIT CORPORATION ANNUAL REPORT FOR
CITIZENS INSURANCE COMPANY OF AMERICA - DOCUMENT #846027**

To Whom It May Concern:

Enclosed please find the completed 2004 Annual Report for Citizens Insurance Company of America, as well as check #17529 in the amount of \$158.75. \$150.00 is for the filing fee and the \$8.75 is for the Certificate of Status.

If you have any questions, please call me at 512-837-7100 x 286.

Sincerely,



Valarie Cadena
Executive Assistant to the General Counsel

Enclosures