


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 846027	
1. Entity Name CICA LIFE INSURANCE COMPANY OF AMERICA	

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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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000729660 05/08/07-80047-024 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, HAROLD E 400 EAST ANDERSON LANE AUSTIN, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD RILEY, RICK D 400 EAST ANDERSON LANE AUSTIN, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, MARK A 400 EAST ANDERSON LANE AUSTIN, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCHWEITZ, MICHAEL P 400 E ANDERSON LANE AUSTIN, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Geoffrey M. Kolander, Secretary  (512) 837-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #